MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH y delay is necessary, please exemeral director. Page 4 should be crematian, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY O. STATE b. COUNTY Wicomico MARYLAND buriol, b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negrest town) Salisbury Salisbury 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS be retained for your files. and 2 with the registrar prior Gemeral Peninsula Hospital B Rose St. NAME OF 4. DATE OF DEATH First Middle Lost Month (Type or print) 6. COLOR OR RACE | MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 3-16-60 Alford 9. AGE (In years lost birthday) 5. SEX IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED [DIVORCED T 1930 29yrs. and 3 to 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 111. BIRTHPLACE (Stole or foreign country) executed within 24 hours after Florida Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Pages 1, 2, 13. Page 5 may pages 1 Unknown Cleo Mumford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File 263-44-2149 No farwarded to the Chief Medical Examiner's Office along with form PM3.

• FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] in Item 18. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia DUE TO Conditions, if any, which EPUTY MEDICAL EXAMINER: This certificate should be (b) in pencil gave rise to immediate cours CERTIFICATION e the certificate, writing the ward "pending" MEDICAL

03910

e. IS RESIDENCE ON A FARM?

YES NO D

Year

19

Haurs Min.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

hours

Rea. Dist. No.

Wicomico

Day

Days

U.S.A.

RIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Slote) 21. I certify that I taok charge af the remains described above, held an Autapsy (Inspection (Inquiry	(o), stating the underlying DUE couse lost.	(c)			
Chronic Alcoholism Oc. EXTERNAL CAUSE WAS RIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Oc. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work of work of work foctory, street, office bldg., etc.) While of work	PART II. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE COR	NDITION GIVEN IN PART 1(0	19. WAS AUTOPSY
RIMARY or CONTRIBUTING CAUSE OF DEATH. Oc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Slote) While of work of	Chronic	Alcoholism			
Hour o. m. 19 While of work of	00. EXTERNAL CAUSE WAS RIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter I	nature of injury in Port I or Port II of ite	m 18.)	
ACTUAL SIGNED ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 3-21-60 SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 3/26/1960 Lake Wales NERAL DIRECTOR'S SIGNATURE ACCIDENT MEDICAL EXAMINER 3-21-60 SURIAL, CREMATION, 22b. DATE THEREOF 27c. NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City, town, or county) 3/26/1960 Lake Wales Florids ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	Hour o. m.	While Not while factory, st		wn) (County)	(Stote)
ACTUAL BIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 3-21-60 SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 22d. LOCATION (C	21. I certify that I taok char	ge of the remains described above,	held an Autapsy 🔼 , Inspe	ction X Inquiry	A and find that
ASSISTANT MEDICAL EXAMINER ASSISTANT ASSIS	death resulted fram: Nature	al causes 🗵, Accident 🔲, Suicide	, Homicide , Undet	ermined cause .	
Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER 3-21-60 NAME (Type) Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER 3-21-60 VAME (Type) 122d. LOCATION (City, town, or county) 123/26/1960 Lake Wales ADDRESS ADDR	ACTUAL SIGNATURE	C Rue M.	CHIEF MEDICAL EXAMINER		DATE SIGNED
NAME (Typo) Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER STATE SUBJECT STATES SIGNATURE SURIAL, CREMATION, 126. DATE THEREOF 126. NAME OF CEMETERY OR CREMATORY 126. LOCATION (City, town, or county) 126. Lake Wales 126. REGISTRAR 12	CVALUEDO		ASSISTANT MEDICAL EXAMINER		1. To 1000 X 15
VILLATION 3/26/1960 Lake Wales Lake Wales Florids INERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		Royer, M.D.	DEPUTY MEDICAL EXAMINER	3-21.	-60
INERAL DIRECTOR'S SIGNATURE ADDRESS A	PEMOVAL (Specify)		MATORY 22d. LOCATION	(City, town, or county)	(Stote)
	urial" 3/26/	1960 Lake Wales	Lake	Wales	Florida
inton of Stellant Saluling 4th DATE MAR 23'60 aring 8. Known	UNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNA	TURE
	into vote Sty	leget Salielin 9	DATE MAR 2 3 '60	Culling S. K	INA

VS. A15ME(5) 5M 9/55

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PARTYLAND STATE DEPARTMENT OF HEALTH-BALTIMORES

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01-13-5					
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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours affer death. The bottom copy may be retained by the hospital or affending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a byrial transit permit.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03911

CERTIFICATE OF DEATH

03.2				R	eg. Dist. No)
1. PLACE OF DEATH		2. USU	AL RESIDEN	CE (HOME) OF D	ECEASED	
COUNTY Wicomico	MARYLAND	STATE	Maryla	and COUNTY	Carolin	10
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY		ete limits, write RURAL e		
OR end give naerest town) TOWN Collaibases	(in this place)	OR TOWN	Donta			05× 7
HOSPITAL OR	since 4/	STREE	Dento		ye location)	7010
INSTITUTION OR STREET ADDRESS		ADDR				
Pine Bluff St.	ate Hospita		306 F	ranklin St		
DECEASED	(Middle)	(Last)		4. DATE (Mo	nth) (Dey) (Year)
(Type or Print) ARTHUR PUE	ATKINSON			DEATH M	arch 15	19 60
5. SEX 6. COLOR OR 7. SINGLE, M. RACE WIDOWED.	ARRIED, 8. , DIVORCED,	DATE OF BIRTH	5	AGE lest birthdey	IF UNDER 1 YEA	
M W (Specify)		ovember 8	1802	67 yrs.	Months Day	s Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS		CE (State or foreig	in country)	12. CIT	IZEN OF WHAT
done during most of working life, even if	OR INDUSTRY					UNTRY?
Salesman 13. FATHER'S NAME		Mary	HER'S MAIDEN N	IAME	l Ual	S.A.
IO. TATILLE S COME		14. ///0	ITTER S MAIDEN I	TOME.		
Robert J. Atkinson		Ma	ry E. M.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Wes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY I	NO. 17.	INFORMANT & A	DDRESS		
No.	213-03-900	3 Pec	ords of	Pine Bluf	f State	Hoenital
	18. MEDICAL	L CERTIFICATIO			1 11	TERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA						NSET AND DEATH
591 IMMEDIATE CAUSE (A)	Uremia				2	wks
ANTECEDENT CAUSE(S) DUE TO						
DISEASES OR CONDITIONS, IF ANY, (B)	Acute Neph	ritis			2	wlcs
STATING UNDERLYING CAUSE LAST. DUE TO						
(C)						
TO THE DEATH BUT NOT RELATED TO THE	02X					
DISEASE OR CONDITION CAUSING DEATH.	Pulmonary	tuberculo	sis		20) yrs
196. DATE OF OPERATION 196. MAJOR FINDIN	IGS OF OPERATION					20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory.	1 21c WHERE D	D INJURY OCCUR	? (City or town)	(County)	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY stree	et, office bldg., etc.)	Zic. Wileke Di	D HAJORT OCCOR	(City of lowing	(County,	(Siele)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	1 21f. HOW DI	INJURY OCCUR	?		
	While Not while et work					
		71.00 000	7 /	3.5 00		
22. I hereby certify that I attended the de						
alive on 3/15 , 19 60 , a	and that death occur	red at 8 : 58 p. 4				ove.
SIGNATURE			ADDR	ESS (Street, city, tow	rn, stete)	DATE SIGNED
Edward F. Kitch	well M.I	Pine Bluf	f Hospi	tal, Salis	bury, Mo	1. 3/15/6
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETE	RY OR CREMATORY	0	LOCATION (City, tow	n, or county)	(State)
Burial 3-18-1960) Wicomica	Memorial	PARK	Splisbung	4 MARY	LAND
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT			AL DIRECTOR'S	SIGNATURE	ADDRE	SS
MAR 2 1 '60 Cathur 8		11/1/-	1 1	_	SALIST	111721 h
DATE COCCHANT AS.	/ Grance	111/11	101/1	SONCO	241120	0114,111

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MARYLAND	STATE DEPARTMENT OF	HEALTH-BALTIMORE, 18	•
3973	CERTIFICATE OF	DEATH	

CERTIFICATE OF DEATH

	,	00.0	CERTII	FICA	TE OF DEATE			Reg. Dis	st. No				
	PLACE OF DEATH	20	MARYL	AND	2. USUAL RESIDENCE (WHO STAFF Maryland	nere deceased	lived. If institution b. COUNTY			re odmiss	sion)		
		outside corporate limits, w est town)	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (IF a								
	d. NAME OF HOSPITAL	(If not in hospitol, give s	treet address)		/ d. STREET ADDRESS Rockaw						SIDENCE A FARM?		
3	NAME OF DECEASED (Type or print)	Robert Robert	Middle James		Atkinson	4. DATE OF DEATH	Mon	th	26	,	Year 1960		
63	Male Male		MARRIED NEVER MARRIE		Oct.17,1869		9. AGE (In years lost birthdoy) 91 yrs.	Months	1 YEAR Doys	IF UNDI Hours	ER 24 HRS		
	Retired Fa	g life, even if retired)	10b. KIND OF BUSINESS OF Farm Owner	RINDUS	Maryland		untry)	12. CITI		WHATC	COUNTRY		
	3. FATHER'S NAME Charlie At				Jennie Tr								
	5. WAS DECEASED EVER I Yes, no, or unknown) (If	N U. S. ARMED FORCES? yes, give war ar dates of service			rormant rs. Howard Hu	mphrey	s, Same	ess					
	Conditions, if any gove rise to imm couse (a), stating the lying couse lost. PART II. OTHER	mediate DUE TO (c)	ONS CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY DRMED?		
10		EDICAL EXAMINER)	DESCRIBE HOW INJURY OC	n.							NO [
0.00	20c. TIME OF INJURY Hour o. m. p. m.	v	Not while Not while t work of two of work to the two of tw		CE OF INJURY (Home, farm ory, street, office bldg., etc		or town)	(0	County)		(Stote		
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dr.			<u></u>	A.D. Salisbury,	M, from ADDRESS (St Maryl y, Mar	yland	d an the	date	stated	d abave TE SIGNE		
2	20. BURIAL, CREMATION, BURIAL (Specify)	3-29-1960	Parsons Ce				ion (City. town, obury, Ma		d	(Sto	te)		
2	3. FUNERAL DIRECTOR'S :		ADDRESS	rlan	24g. REC'	D BY REGIST	RAR 24b. REGIS	TRAR'S SIG					

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	PLACE OF DEATH a. COUNTY Wi	icomico			MARYLAND	2. 4	JSUAL RESIDENCE (WI D. STATE Maryla	nd	d lived. If institut b. COUNTY		Art	ire odmiss undel	ion)
	b. CITY OR TOWN (If a RURAL and give near	autside carporate limi	ts, write	c. LENGTH O	F STAY IN 1b		c. CITY OR TOWN (If o		rate limits, write l	RURAL and	give ne	arest tawn	1
	Salisbu			323 da	RVS		St. Deni	nls		() ox	X-	Ch.
	d. NAME OF HOSPITAL	L (If nat in haspital, g	ive street	address)			d. STREET ADDRESS					e. IS RES	FARM?
L	Deer's	Head State	Hos	oital			1728 Ri	ver Ro	ad				NO 🗌
	NAME OF DECEASED	Fir	st		Middle		Last	4. DATE OF	Ma		Do	,	Year
L	(Type ar print)	Fran				Atk	isson	DEATH	Ma	reh	9		1960
S.	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER	MARRIED T	B. DA	TE OF BIRTH		9. AGE (In years last birthday)			+	
-	Male	White	WIDOWI	ED DI	VORCED 🔲		3/2/1946		1h yrs.	Manths	Days	Haurs	Min.
100	. USUAL OCCUPATION during mast af warkin	(Give kind of work	dane 10b.	KIND OF BUSII	NESS OR INDU	STRY	11. BIRTHPLACE (State	ar fareign c	auntry)	12. CIT	IZEN O	F WHAT C	OUNTRY?
	None	9, 0.0		None			New You	rk		II	SA		
13.	FATHER'S NAME				- 36	14.	MOTHER'S MAIDEN		17 1 200				
1	Ar	ndrew C. A	tkiss	son			Lillian	Berar	d				
15.	WAS DECEASED EVER				ITY NO. 17. II	NFOR			Hospitat	ress			
{Ye		yes, give wor or dates of s		none			Deer's	пеаа	nospital	neco	ras		
	18. CAUSE OF DEATH	H [Enter anly ane ca	use per li	ne far (a), (b), a	and (c).]							ERVAL BE	
	PART I. DEATH	WAS CAUSED BY:)	Brone	hopneum	oni	a				1 day		
	744	DUE TO	-				TA VENEZA						
	Canditians, if any	, which) (b	,	Musc	ular dy	str	ophy					?	
	gave rise to im	mediate (,					1.17					
	cause (a), stating th lying cause last.	e under-											
Z	PART II. OTHE		,	CONTRIBUTING	TO DEATH BUT	TOOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PAR	RT 1(a)	19. WAS	AUTOPSY
) Š													RMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DES	CRIBE HOW IN	JURY OCCURRE	D. (En	iter nature of injury in	Part I ar Par	t II af item 1B.)				
	20c. TIME OF INJURY	,	ar 20d II	NJURY OCCURE	PED 20e. PL	ACE C	OF INJURY (Hame, farm	n. 20f (Cib	or tawn)	1	Caunty)		(State)
MEDICAL	Haur a.m. p.m.	19	While	k at work	fa		street, affice bldg., etc		0. 10.11,				(Sidie)
	21. I certify that	(I) (this hospitol) oftend	ded the dece	eosed from	_A:	pril 21 19	.59, to_	March 9	196	Q_, th	nat (I) (we) lost
	saw the decease	d olixe on M	arch	9_1960	, and that a	death	occurred of 9:1	LOp from	the couses of	nd on th	e date	stoted	obove.
	22a. SIGNATURE	VXVA											DATE
		Low	21	0		M.D.	ATTENDING M	ED.	STAFF PHYS.			3/10	SIGNED
	22c. PHYSICIAN'S	/4			A		22d. ADDRESS			174	-37		
	NAME (Type)	R. J. Go	re,	M. D.			Deer's Hea	ad Hos	pital; S	alisb	ıry,	Mary	land
230	BURIAL, CREMATION	, 23b. DATE THEREC	F	23c. NAME C	OF CEMETERY C	OR CRE	EMATORY	23d. LOCA	TION (City, tawn,	or county)		(Stat	e)
	Burial (Specify)	3/12/6	0	New C	athedr	ral	Cemeter	y Bal	timore,	Mar	yla	nd	
24.	FUNERAL DIRECTOR'S Howard H.		a lin	O7 Wil		1370	25a. REC	D BY REGIS	TRAR 25b. REG	ISTRAR'S SI			
L	noward n	. Hubbal	a Ti	OI MIT	. A. CIID A	7 4 6	DATE M	IAR 1 4 '		Contract Z	. / //	······································	

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1	o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where eleceosed lived. If institution: Residence before admission) a. STATE b. COUNTY
T	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest 16wn)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
	Salishury Lohrs	Snow Hill 23x 2
	d. NAME OF HOSPITAL (If not in hospital, gife street address) OR INSTITUTION Deers Head Hospital	d. STREET ADDRESS ON A FARM? YES NO X
13	NAME OF DECEASED (Type ar print) Annie Middle M.	Baker 4. DATE March 11 1960
0,	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRIES OF WORKING LIFE, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
A	3. FATHER'S NAME Elizah Hickors	Catherine M. Carniau
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (19 yes, 6) we war or dates of service)	V. Oummine Baker Snow Will met
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) One of the country of the count	itim 1040 mell st. INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which) DUE TO Cheumch	wil arthritis 35 yrs
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO.
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II af item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the form on m. p. m. 19 at wark	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.) (City ar tawn) (Caunty) (State)
	21. I certify that (I) (this haspital) attended the deceased fram.	death accurred at 30 mm from the causes and an the date stated above.
	220. SIGNATURE & FILLING	M.D. PHYS. DIRECTOR PHYS. 3-11-60
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS Salisbury, Md.
1	REMOVAL (Specify Thereof Whatos as (in	PR CREMATORY 23d. LOCATION (City, town, or county) (State)
1	ADDRESS ADDRESS ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE / DATE MAR 1 4 '60 Chilling S. Krisha

To ESPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours ofter death. Page 4 how, be remained by the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72-hours after death.

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after death	may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.
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OR A	IREC	d be
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SPI	may be retained by the haspital ar attending physician. • FUNERAL DIRECTOR: After this certificate has been significate the property of the control of the	e 3 s
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3976 CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Vicomico	100		MARYL		usual RESIDENCE (Wo. STATE Mary)		ed lived. If institut b. COUNTY		mers		sion)
b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LEN	GTH OF STAY IN	V 16	c. CITY OR TOWN (IF		orate limits, write l	RURAL and	give ne	arest taw	n)
RURAL and give no	Salisbury		8	Months		Upper	r Fair	mount, Ma	ryla	nd	19X	2
d. NAME OF HOSPIT	AL (If not in hospital,	give street	oddress)	1,177		d. STREET ADDRESS					e. IS RES	SIDENCE
OK INSTITUTION	Deer's Hea	ad St	ate	Hospita	1						YES E	FARM?
3. NAME OF DECEASED	Fi	rst		Middle		Last	4. DATE OF	Mo	nth	Do	зу	Yeor
(Type or print)	Char	rles		Olive:	r	Barry	DEATH	Marc	ch	1		19 60
5. SEX	6. COLOR OR RACE	7. MARI	RIED 🔲	NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDE Months	T	-	ER 24 HRS
Male	White	WIDOW	ED 🔀	DIVORCED		9/19/1865		94 yrs.	Months	Days	Hours	Min.
april 1	ON (Give kind af work king life, even if retired	done 10b.			INDUSTRY	Ma	iryLanc		12.CI		S.	OUNTRY
Farmer  13. FATHER'S NAME			0	nk.	14	I. MOTHER'S MAIDEN	rset C	ouncy		U.	U.	A.
13. TATTIER 3 NAME												
	Robert Ba						Somer					
1S. WAS DECEASED EVE	(If yes, give, war or dates of		SOCIAL	SECURITY NO.	INFO	RMANT	-		dress			7 3
	no					Hospital	Recor	ds Sa.	lisbu	ry,	Mary	land
	TH [Enter only one co	ause per li	ne for (o	), (b), and (c).]						INT	ERVAL BI	ETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Br	onch	opneumo	nia							lavs
491V	DUE TO											
Conditions, if o	Conditions, if ony, which ) (b)											
gove rise to i	gove rise to immediate											
lying cause last.	coose (o), storing the onder-											
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY											
₹	Cerebral hemorrhage due to generalized arteriosclerosis (9 mos.)  Ves 🖾 No 🗆											
Geren									05./		YES 🔼	NO 🗌
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CKIRE HO	OW INJURY OC	CURRED. (E	nter nature of injury in	Part   or Pa	rf II of item IB.)				
	MEDICAL EXAMINER)											
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Ye	ear 20d. I While		CCURRED 2		OF INJURY (Home, far street, office bldg., et		y ar tawn)		(County)		(Stote)
p. m.	19	at wor		work								
21. I certify th	at I attended the	deceas	ed fra	m 7/1/		_, 19_59, ta	3/1/	1960	that L	last say	v the c	lecenser
alive an 3	17/1.	19/			leath oc	curred at 3:35	PM fram					
4	T	7	7	, and mar c	acum oc	corred dependen		Street, city or town.		ie dan		TE SIGNE
ACTUAL	in d	10	111	41		Sa		y, Maryl			3	-2-60
SIGNATURE		100	w	9	M.D.	De	orle H	ead State	o Hoa	nit o		-2-00
PHYSICIAN'S NAME (Type)	Lee Lawr	у, М.	D.			De	CI S II	eau Dtati	e 1105	brea		
220 BURIAL, CREMATIO		OF	22c. N	IAME OF CEMET	ERY-OR CR	EMATORY	22d. LOCA	TION (City, tawn,	or county	)	(Sto	te)
REMOVAL (Specify)	3-113-	60	m	Ules	Cess	rolon	Fai	rmen	1		Vad	7
23. FUNERAL DIRECTOR	S SIGNATURE		A	DDRESS	7.1.1	240. REC	C'D BY REGIS	TRAR 24b. REG	ISTRAR'8	SIGNATU	RE	
To1 ==	Qill. Tren	n P	200	( )	mo	25			Ilua			

BIASO TO BIADINESSO 3008 AND THE RESIDENCE OF THE PARTY in the first state of the state

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2077

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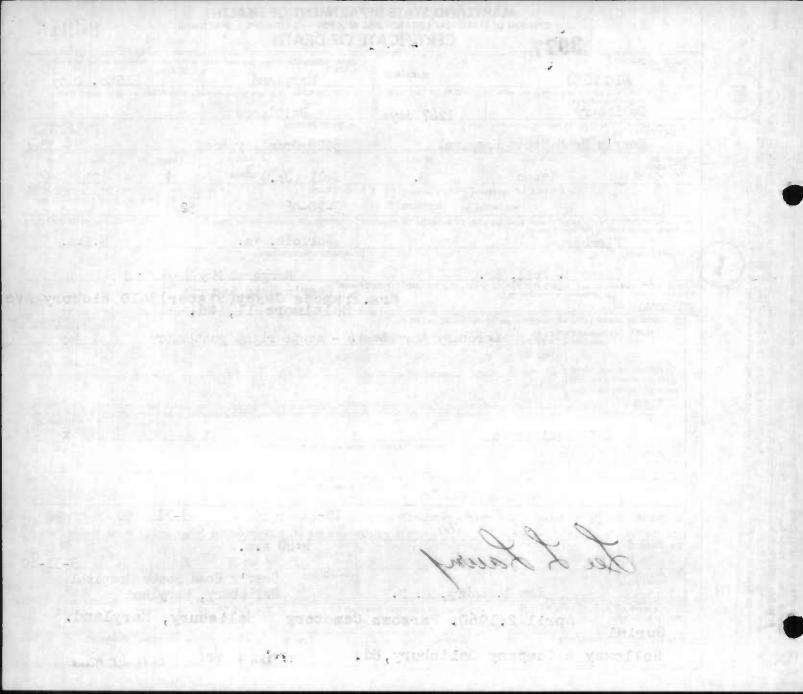
	by the funeral director,	nd 2 should be filled with	(-)
)	campletely filled in	papers. Pages 1 ar	ours after death.
	Hending physician and	please remave carban	any event, within 72 ha
ending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be did with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
may be retained by the haspital ar attending physician.	AL DIRECTOR: After this certif	hauld be detached for use as	Board of Health prior to burio
indy be	TO FUNER	page 3 s	the State

DSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

VR A1S (4) 15M 9/59

h 24 hours after death. Page 4

1. PLACE OF DEATH o. COUNTY	COMICO		MARYLAND	2. USUAL RESIDENCE ( a. STATE Marv	111 12 40	b. COUNTY			/		
b. CITY OR TOWN (	f outside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (		rote limits, write R	Bal URAL and gir				
RURAL and give no	bury		1267 days	Balt	timore			3 VO.	1.4		
d. NAME OF HOSPI	AL (If not in hospitol, g	give street o		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?		
	s Head Sta	te Ho	spital	3028 Gr	antley	Road			NO 🗔		
3. NAME OF DECEASED	Fir	rst	Middle	Last	4. DATE OF	Mon	th	Day	Year		
(Type ar print)	Isaa		G.	Bell (J	r.) DEATH	3		31	1960		
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		<ol><li>AGE (In years lost birthday)</li></ol>		YEAR IF UND	7		
M	W	WIDOWE		3-20-08	27	52 yrs.					
during most of wor	DN (Give kind of work king life, even if retired	done 10b. k	(IND OF BUSINESS OR INDU		- 2	ountry)	12. CITIZ	EN OF WHAT	COUNTRY?		
	Lumber			Norfol				U.S.A			
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME						
	saac G. Bel		OSIAL SESURITY NO. 127 III	M	argaret	May Hans	sford				
	(If yes, give war or dates of s		SOCIAL SECURITY NO. 17. II	s. Frances	Head R	scords Add	3610	Hicke	ry Av		
unknown				Baltimo	re 11.	md.	7010				
	ATH [Enter only one co ATH WAS CAUSED BY:							ONSET ANI	D DEATH		
TAKI I. DEA	IMMEDIATE CAUSE (d	,) Co	ronary thromb	osis - acute	right	posterio	r	I da	У		
1 420	DUE TO	)									
Canditions, if a		)(									
couse (o), stoting											
lying couse last.	) (c	:)						1			
PART II. OTI	HER SIGNIFICANT CON	IDITIONS <u>C</u>	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WAS	ORMED?		
<u> </u>	Left hemipl							YES b	NO		
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Par	t II of item 18.)					
Y 20c. TIME OF INJUI Haur o. m. p. m.	Y Month, Doy, Ye	ar 20d. IN While at wark	Not while fa	ACE OF INJURY (Home, for ctory, street, office bldg.,		or town)	(Co	ounty)	(Stote)		
	21. I certify that (I) (this haspital) attended the deceased fram. 10-11, 19.56, to 3-31, 160, that (I) (we) last										
3011 1110 00000	sed Nive an	22d. SIGNATURE 4 22b. DATE SIGNED									
22a SIGNATURE	sed sive an_2f	La	11/m	4:40	Da.m.	STAFF	id dir ille	2	SIGNED		
22c. PHYSICIAN S NAME (Type)	tee L	Ka	unf	ATTENDING 1	Deer's	STAFF PHYS. N	ate Hos	3-			
22c. PHYSICIAN S NAME (Type)	Le Le	OF	Lawry, M. D.	M.D. ATTENDING 22d. ADDRESS	Da.m.  MED.  DIRECTOR   Deer's  Salisb	STAFF N Head Sta	ate Hos	3. spital	-31-60		
22c. PHYSICIAN'S NAME (Type) 23g. BURIAL, CREMATIC REMOVAL (Specify	Le  N, 23b. DATE THEREC April	OF	Lawry, M. D.	M.D. ATTENDING 22d. ADDRESS	Da.m.  MED.  DIRECTOR   Deer's  Salisb	STAFF PHYS. N	ate Hos	3. spital	-31-60		
22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATIC REMOVAL (Specify	Le  N, 23b. DATE THEREC April	2.1	Lawry, M. D.  132. NAME OF CEMETERY CO.  PATSON  ADDRESS	M.D. ATTENDING 22d. ADDRESS  OR CREMATORY COMPLETE 2SG. R.	Da.m.  MED.  DIRECTOR   Deer's  Salisb	STAFF N PHYS. X Head Sta ury, Mary TION (City, town, 1 soury,	ate Hos	3-spital	-31-60		



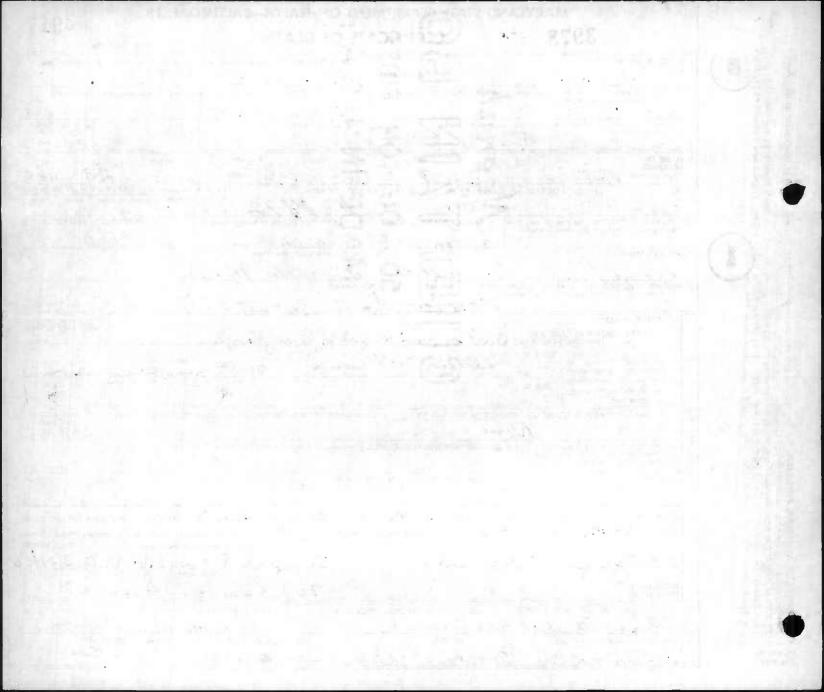
VS A15 (4) 15M 9/58

## 3978

03917

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7 FilmG260 4-4-60 et
CERTIFICATE OF DEATH

03.0	CERTIFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY  W/C6 mico	MARYLAND STATE a war	deceased lived. If institution: Residence befare admission) b. COUNTY b. COUNTY
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside	de corporate limits, write RURAL and give nearest tawn)  + 0.7 d 46 x - 3
d. NAME OF HOSPITAL (If not in hospital, give street od OR INSTITUTION Peninstruction	dress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF First DECEASED (Type or print)  Menrae  (Type or print)	11 4 10	DATE Month Day Year OF DEATH March 23 1960
5. SEX 6. COLOR OR RACE 7. MARRIEI  Make White WIDOWED	- 1120 Make Co.	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost birthdoy)  Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or for	oreign country) 12. CITIZEN OF WHAT COUNTRY
S. FATHER'S NAME Seaso Litter Bas	mett be Mary da	E Mushour
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no, or unknown) (If yes, give war or dates of service) 22.	OCIAL SECURITY NO. INFORMANT () 1-16-9615 Place Benne	the Frankful Delaccion
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (0), (b), and (c).] Iron underenant of anux	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which gave rise to immediate couse (a), stating the <u>under-lying</u> cause lost.	tend Sclerosio - a	eglt year progression.
	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS' PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED. (Enter nature of injury in Port	I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJI Hour o. m. 19 While p. m. 19 at wark [	URY OCCURRED  Nat while at wark  20e. PLACE OF INJURY (Home, form, 2 factory, street, affice bldg., etc.)	20f. (City or tawn) (Caunty) (State
21. I certify that I attended the deceased alive an 23 March . , 19 6	Q, and that death accurred at 11 PM,	from the causes and an the date stated above DRESS (Street, city or town, state)  DATE SIGNE
SIGNATURE SINGLE C. F. \$3	Ma Joseph	C. F. tzg Evald M.D. 3/24/6
PHYSICIAN'S NAME (Type)	707 (	ander AVENUE.
REMONAL (Specify) March 27,1860	Rojana 0	d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 24a. REC'D BY	and all a



, , ,	,	3929 CERTIFICA	ATE OF DEATH Reg. Dist. No.
director		1. PLACE OF DEATH O. COUNTY  MICO MICO  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. STATE b. COUNTY Wicomico
funeral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)    Salisbury
by the fu	Ord	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION PENTALS THE COMMENTAL	/d. STREET ADDRESS 121 Van Buren Street,  e. IS RESIDE ON A FA YES  N
Filled in b		3. NAME OF DECEASED (Type or print) SALLY PRISCILLA	Bounds 4. DATE Manth Day Yea  Bounds DEATH March 14 19
ofetely filla		TO THE TEN THE	B. DATE OF BIRTH SEPT. 22, 1875  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 2 Hours   Year   Year
and comple	(0)	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House Work  None	R.D.# Princess Anne, Md USA
cian	11	13. FATHER'S NAME Alfred Hayman	Annie Vincent
ing physic	72 hg	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	W.Aubrey Bounds (Son) Addr. D.# 1 Salisbury, Maryland
attendi	t within	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	atic Heart Desease Unknown
by the	ny even	Canditions, if any, which) DUE TO Cornery a	stery Schronia "
an. signed	n i bu	gave rise ta immediate cause (a), stating the under-lying cause last.	
physicic as been	ovol, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES \( \sigma \) N

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

T THINOTHING	()ound	S	Marci	N I	4 19	00
7. MARRIED NEVER MARRIED			9. AGE (In years	IF UNDER 1 YE	AF IF UNDER	24 HRS.
WIDOWED TO DIVORCED	SEPT.22,	1875	lettpirthdoy)	Months 27	Haurs	Min.
one 10b. KIND OF BUSINESS OR INC					OF WHAT CO	INITRYS
					-	JINIKIP
None	R.D.# P	rincess	Anne, Md	U	SA	
	14. MOTHER'S M	AIDEN NAME				
	Annie	Vince	ent:			
ES? 16. SOCIAL SECURITY NO.				ess - // -		
vice)	r.W.Aubre Salisbu	y Bound	s(Son) h land	L.D.# .		
se per line for (a), (b), and (c).]	. /	1	111 .	10	TERVAL BETV	VEEN
(1. t	Jin /8	Least 1	Vinen	1 2	NSET AND D	EATH
where occe,	muc / 1		- Level	-	man	my
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working a	every .	Jeles	0202		4	
0						
PITIONS CONTRIBUTING TO DEATH B	LIT NOT BELATED TO T	ACTEDMINIAL DICEAS	E CONDITION GIV	ENI INI PART 1/a	IN WAS ALL	TOPSY
THORS CONTRIBUTING TO DEATH B	OT NOT KELATED TO T	TE TERMINAL DISEA	SE CONDITION GIV	EN IN PART IQU	PERFORA	
I ( when	ioack	4000			YES 🔲 I	10 1
206. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of i	njury in Part I or Pa	rt II af item 18.)			7
r 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Ha	me form 20f (Cit	y or tawn)	(Caun	Au A	(State)
	factory, street, affice b		y or lawn)	(Caun	(7)	(sidie)
at wark at work						
deceased from 3/13	1960.	to 3/14	19/10	that I last s	aw the dec	eared
		24				
, iy, and that dea	ith accurred at		the causes an			
6.1	1	ADDRESS	street, city or town,	state	DATE	SIGNED
Leliene	M.D.	listr	my The	el L	5/14/0	-01
			/		/ /	
.Gilmore	Medical C	enter	Salisbu	ry Mai	ryland	
22c. NAME OF CEMETERY			TION (City, tawn, o		(State)	
1960 Presbyter	1an Churc	n Cemet	ery-Frin	leess !	Anne, M	a.
ADDRESS		4a. REC'D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGNA	TURE	
SALISBURY MA	RYLAND	ATE MAR 1 7	'60	1-11-un 8. 1	Kraus	
		WHIT 1	00	A. 1		

e. IS RESIDENCE ON A FARM?

YES NO P

Year

the VS A15 (4) 15M 9/5B

COMPANY

22a. BURIAL, CREMATION, 22b. DATE THEREOF

20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Day, Year

Mar. 16.1960

21. I certify that I attended the deceased fram

Dr. David

20c. TIME OF INJURY

alive an

SIGNATURE

PHYSICIAN'S NAME (Type)

a. m.

p. m.

MEDICAL

ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE SALISBURY MARYLAND

J.Gilmore

60 Fr. a design been and in corners with the follow But a large to the transfer of the large to with the same fellowing between the major that the major of the major

03919

1		31	0.20							Reg. I	Dist. No		
		LACE OF DEATH					2. USUAL RESIDEN	CE (Where dece					
			Wicomico		MARY	LAND	o. STATE ME	ryland	b. COUN	IY W	LCOI	nlec	
	b	. CITY OR TOWN (If and give nearest town)	autside carparale limits, write RI	URAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	N (If outside co	rporate limits, writ	e RURAL or	nd give n	earest lo	wn)
		Sa	lishury				X Sharr	town					134411
-	d	. NAME OF HOSPITA	AL OR INSTITUTION (IF	ol in hospi	ital, give street oddres	s)	d. STREET ADDRE						ESIDENCE A FARM?
d	-	Poningu	Ja Genera	Ho	spital		Main	St.					] NO [
	3. [	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mon	th	Day	Y	еог
	(	Type or print)	Clara		Mav		adlev	DEATH		-3-60			9
	5. \$	EX TO	White	MARRIED	NEVER MARRIED	8. 1	June 22	1879	9. AGE (In years lost birthday)	Months	Days	Hours	ER 24 HRS.
		r Fr	W	VIDOWED					80 yrs				
	10a	USUAL OCCUPATION	ON (Give kind of work doing life, even if retired)	ne 10b. Kil	ND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	State or foreign	country)				COUNTRY?
A.		Housew:			None		141(	1 .			U . :	S.	
1	13.	FATHER'S NAME	m H. Coope	ייר			14. MOTHER'S MAID	EN NAME Burf	ord				
	15. [Yes,	MAS DECEASED EVI	ER IN U. S. ARMED FORC (If yes, give wor or dates of sen	ES?   16. S(	None	17. INF	ORMANT MISS Ma:	rian B	rad leddren	Shar	pto	wn,	Mat.
			TH [Enter only one cause TH WAS CAUSED BY:	per line fo	or (o), (b), ond (c).]						ONS	ET AND DE	EEN ATH
		PARI I. DEAI	IMMEDIATE CAUSE (o)	C	erebral h	nemo	rrhage					Da	ys
		23/	DUE TO										
		Conditions, if as		A:	rterio-so	ler	otic dis	sease				Ye	ars
		(o), sloting the											
	_	couse lost.	) (c)	10115 501	ITRIBUTO IC TO DELT	1.0117.146	T ACLAYCO TO THE	PRAME AND BURE					
2	CERTIFICATION	PARI II, OIR	IER SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATE	A ROL MC	I KELATED TO THE I	EKMINAL DISEA	SE CONDITION G	IVEN IN PA		PERFC	RMED?
	Σ				femur. HOW INJURY OCCUR	DED (5-1		D D	11 -6 % 10 1			YES [	но 🗆
	ERTI	20g. EXTERNAL CAL PRIMARY OF OF CON CAUSE OF DEATH.								0		ما ام	å m
		20c. TIME OF INJUI		e 7 1	at Maple	Sna	Ge Nurs.	ing Hor	ne and		ounty)	a n	(Stote)
	MEDICAL	Hour o. m.		While	Not while	foctor	y, street, office bldg.	, etc.)				M	d.
	×	A Mg. m.		6 Ot work			sing Hor			oring	-		
			at I toak charge o						Inspection K	-	ry 4	, and	find that
		death resulted	from: Natural co	oses [	, Accident [A],	Suici	de [], Homi	cide [, l	Indetermined	cause [	].		
		ACTUAL /	End L V	4	1		CUIEE MEDIC	41 EVALUES E				DATE :	SIGNED
		SIGNATURE					M.D.	AL EXAMINER [ EDICAL EXAMIN					
angel .		EXAMINER'S	Town T Day		) )			CAL EXAMINER	_	3-4-6	0		
	220		Larl L. Ro	yer.	M.D.	PY OP C			ATION (City, town,			(Stot	-
		REMOVAL (Specify)	3-6-60	1	Firemen		ACHATORT .		narptowi			[510]	0)
	23.	FUNERAL DIRECTOR		1	ADBRESS	~	240.	REC'D BY REGIS	al-	SISTRAR'S SI	GNATU	RE	
3			uneral Hom	e S	harptown	N.C.			100	witur S	_		

VS. A15ME(5) 5M 9/55

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VS A1S (4) 1SM 9/SB

n 24 hours after death. Poge 4

į	3951 CERTIFICATE OF DEATH  Reg. Dist. No.	13920
)	1. PLACE OF DEATH a. GOUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a country b. COUNTY  MARYLAND  ARYLAND  ARYLAND  THE COMMITTER STATES STATE STATES S	admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give neares tawn)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autside carporate limits, write RURAL and give neares tawn)  C. CITY OR TOWN (If autside carporate limits, write RURAL and give neares tawn)	
2	OR INSTITUTION	IS RESIDENCE ON A FARM? 'ES NO
	male White WIDOWED DIVORCED Hugust 0,1000 79 yrs.	laurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired)  Retired Farmer  Farming  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Princess Anne. Md.  US	HATCOUNTRY
1	Retired Farmer Farming Princess Anne, Md. U.S. A. 13. FATHER'S NAME	1.3
1	Joseph Brittingham Sallie Cottman	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs. Ida T. Brittingham (Wife) R.D.#  No   If yes, give wer or defee of service)   16. SOCIAL SECURITY NO.   Mrs. Ida T. Brittingham (Wife) R.D.#	HE !
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Sheek - massive in the string 1 the more large.  Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (c)  PART I. DEATH WAS CAUSED BY:  ONSET  1/2  ONSET  1/2  Carcin one  Corcin one  Co	AL BETWEEN AND DEATH
0		WAS AUTOPSY PERFORMED? ES NO X
	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year Place OF INJURY (Hame, farm, factory, street, affice bldg., etc.)  While Not while at wark at wark at wark at wark at wark.	(State
/	21. I certify that I attended the deceased from 9 pine, 1960, to 12 mar., 1960 that I lost sow to alive on 12 minare 1, 1960, and that death occurred at 954 AM, from the couses and on the date st ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE ADDRESS (Street, city or town, state)  PHYSICIAN'S Dr. Robert Adkins Fruitland, Maryland	
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY  Burial Mar. 15, 1960 St. Johns Cemetery Fruitland, Marylance 23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	(State)
	HOLLOWAY & COMPANY SALISBURY MARYLAND DATEMAR 15'60 Onthey & Kings	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

. Att. orant committee and real transfer maintee Continue the many that the same has been been a 10 THE P. P. LEWIS CO., LANSING, MICH. 

		MARYLAND ST	TATE DEPARTM	ENT OF HEALT	H-BALTIMOI	RE, 18	09094
Wh.		3982	CERTIFICA	ATE OF DEAT	Н	Reg. Dist.	03921
1)	1.	PLACE OF DEATH G. COUNTY	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If b. Co		
	S	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	Ro	outside corporate limits,		WARE
32	S	d. NAME OF HOSPITAL (IF not In hospital, give street odd OR INSTITUTION MINE THE SULA LICENSE	LL Hospital	d. STREET ADDRESS		46x-3	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) AShER	Midele	CAREU	4. DATE OF DEATH 3 -	Month - 16	Day Year 1966
t-qu	5. 5	ale White WIDOWED	DIVORCED [	3/3//82	9. AGE (In lost birth	41 1 1	YEAR IF UNDER 24 HRS. ays Hours Min.
		USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working (ife, even if retired)	ID OF BUSINESS OR INDUS	DeLA.	WARE	12. CITIZE	N OF WHAT COUNTRY? M. S. A.
1		FATHER'S NAME SAMES M. CARE	+	14. MOTHER'S MAIDEN	e GRA,	+	
I	S. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (If yes, give war or dates of service)	CIAL SECURITY NO. II	RESIMAC C.	AREY A	ROKANA	Del.
		1B. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	or (o), (b), and (c).]	leal Infact	tein		INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	many arlan	y dercan			5
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	None.	NOT RELATED TO THE TER	MINAL DISEASE CONDITI	ION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO DE
	CERTIF	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter noture of injury in	n Port I or Port II of item	1B.)	
	MEDICA	Hour o.m. While	RY OCCURRED 20e. PL/ Not while 10 twork 10 foo	ACE OF INJURY (Home, for ctory, street, office bldg., e	rm, 20f. (City or town)	(Co	unty) (Stote)
		21. I certify that I attended the deceased alive an IC March., 1960		1960, ta accurred at 11:10 F	March,  M. fram the cause  ADDRESS (Street, city of	ses and an the o	saw the deceased
1		SIGNATURE SACRO (F. T. SALA)	L	M.D. J. C. F.	tzgerald	M.D.	/ /
	220	PHYSICIAN'S NAME (Type)  - BURIAL, REEMATION, 22b. DATE THEREOF  2: - BURIAL (Seedis)	2c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City	AVE- Ja , town, or county)	(Stote)
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	9 (eM.	C'D BY REGISTRAR 24	N 19  Ib. REGISTRAR'S SIGN	De/
		Wilson & Grey	Treatford	DATE	MAR 2 2 60	Cirthun S.	Kraus.

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

		1.3								
1. PLACE OF DEATH				2. USUAL RES	IDENCE (W	here deceased	lived. If institution	on: Residen	ce before a	dmission)
	COMICO		MARYLAND	11 .	Marvl.	and	B. CO01411	Carol	ine	1
b. CITY OR TOWN (I RURAL and give no	f outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If	outside corpo	rote limits, write R	URAL ond g	ive nearest	town)
Salish			EO dorm	1 1 1 1 1 1	Dento			-	5x-	2
d. NAME OF HOSPIT	AL (If not in hospital, g	give street o	50 days	d. STREET		11			e. 19	RESIDENCE
OR INSTITUTION	Head State	Uosa	i+07							S N A FARM?
				II.		T -				
NAME OF DECEASED (Type or print)	Wil	liam	Middle	Cham		4. DATE OF DEATH	Mon	ith 3	Day 29	Yeor 1960
. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRT	ГН		9. AGE (In years lost birthdoy)			JNDER 24 HR
M	W	WIDOWE	DIVORCED	5-71	_83	100	76 yrs.	Months	Doys Ho	ours Min.
o. USUAL OCCUPATION	ON (Give kind of work	done 10b. F	CIND OF BUSINESS OR IND	tile little	-4-4	or foreign co	ountry)	12. CITI:	ZEN OF WH	AT COUNTR
during most of work	ting life, even if retired	)	0						TT	
Retired sto	ore employe	e				ylvania	a		U.S.A	
3. FAIHER S NAME				14. MOTHER'	S MAIDEN	NAME				
Ale	exander Cha	mbers			??	Stute	enburg			
S. WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO. 17.	INFORMANT De	er's I	Head Re	ecords Add	ress		
unknown	(ir yos, give war or dares or s	a. vice)			-	200				
	TH [Enter only one or	use per line	e for (o), (b), and (c).]						INTERVA	AL BETWEEN
	TH WAS CAUSED BY:									AND DEATH
1	IMMEDIATE CAUSE (		Bleeding duo	denal ulo	er				2	WKS
1341,	DUE TO									
Conditions, if o		)								
gove rise to i couse (o), stating										
lying couse lost.	) (6	:)(:						7		
PART II. OTH	HER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH BL	IT NOT RELATED T	O THE TERM	INAL DISEASI	E CONDITION GIV	EN IN PART	T 1(o) 19. V	VAS AUTOPS
A	rterioscle	rosis	general							ERFORMED?
20g ACCIDENT WA			RIBE HOW INJURY OCCUR	ED /Enter noture	of injury in	Port Los Port	t II of item 18 \		1,0	3   110
(IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200.0230								
20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Ye	While	Not while f	PLACE OF INJURY octory, street, office	(Home, farr ce bldg., etc	m, 20f. (City c.)	or town)	(0	County)	(Stot
			ed the deceased fram	2	-8- 19	60. ta	3-20	9 1950	) , that	(I) (we) Ic
saw the deceas	1. 1	13-3								
220. SIGNATURE	ed alive dil	-	July 234 dild that	dedili decorre	7.51	and the same of th	the cooses of	id un me	dule sit	22b. DATE
. 0	Der X	1	awry	M.D. ATTENDIN		elRECTOR [	STAFF PHYS.			3-29
22c. PHYSICIAN'S NAME (Type)	Too	T To	M 6	22d. ADDI			ad State	Hospi	tal.	
			wry. M. D.		Dal	isbury.				
REMOVAL (Specify)	DN, 236, DATE THEREC	1960	23c. NAME OF CHARTERY	OR CREMATORY		23d. ROCAT	MON (City, town,	or county)	7	(State)
4. FUNERAL DIRECTOR	& SIGNATURE	Pa	ADDRESS A	mil	2So. REC	D BY REGIST		STRAR'S SIG		
1 1 1/0	00010	700	MANA	1/41	DATE	APR 4	'60	arthur	S. That	4

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	100		

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Vieom 100 wicomica b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION & Divison NAME OF Middle 4. DATE First Manth DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 9. AGE (In years loopbythday) 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH DIVORCED | WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working lift, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PART II 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I of Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o. m While Not while 19 of work of work 21. I certify that lattended the deceased from 19 (that I lost sow the deceased and that death occurred at 2 AM, from the causes and on the date stated above. alive on ADDRESS (Street, city of town, state) ACTUAL PHYSICIAN'S NAME (Type 22a. BORIAL, CREMATION, 22b. DATE THEREOF 226. NAME OF CEMETERY OF EREMATORY 22d. LOCATION (City, (tawn, ar county) EMETER

ADDRESS

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23. FUNERAL DIRECTOR'S SIGNATURE

24b. REGISTRAR'S SIGNATURE

DATE

(County)

e. IS RESIDENCE ON A FARM?

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

nuen

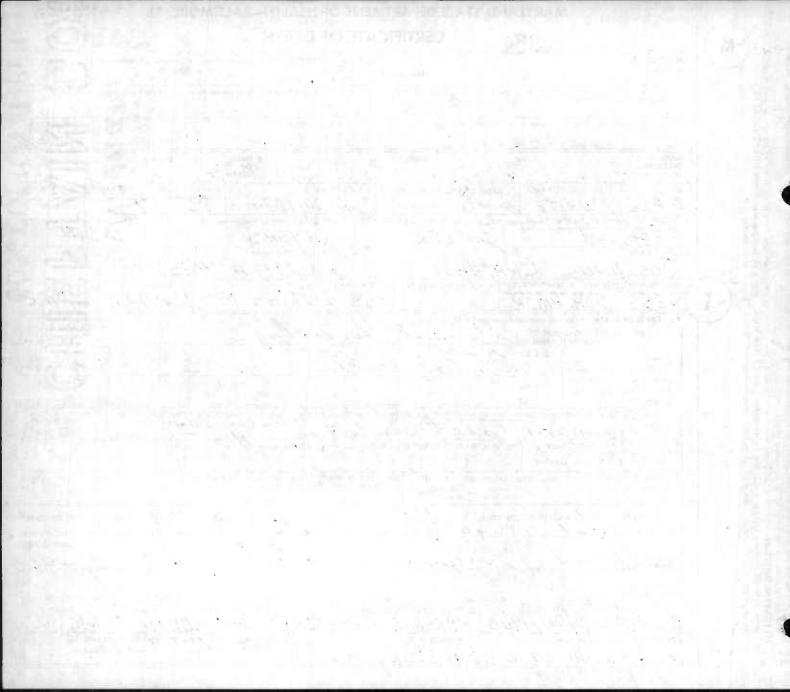
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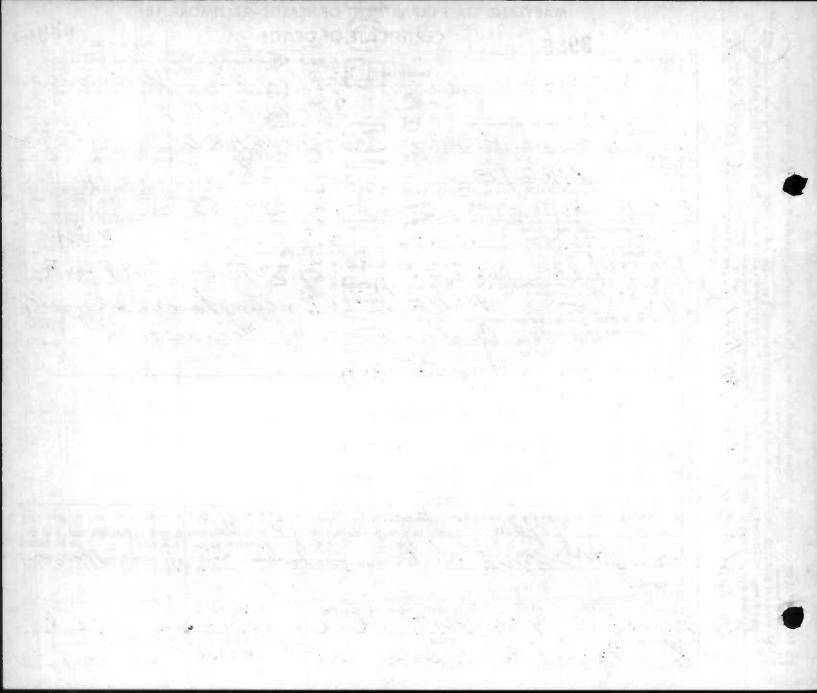
MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH
N OF STATISTICAL	RESEARCH	AND RECORDS B	ALTIMORE 1 MARY

3985 YLAND CERTIFICATE OF DEATH

	3985	)	CERTIFICA	ATE O			MAKILAND		()	3924
1. PLACE OF DEATH o. COUNTY Wi	comico		MARYLAND	2. USUA o. ST/			ed lived. If instituti b. COUNTY	on: Residence Baltim	before ad	mission)
b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CI1	Y OR TOWN (If	outside corp	orate limits, write R	URAL ond gi	ve nearest t	own)
RURAL and give Salisbur			705 days	1	Baltimor	e			3 VO1	,4-
d. NAME OF HOSP	PITAL (If not in hospital,	give street		d. ST	REET ADDRESS				e. IS	RESIDENCE
OR INSTITUTION	Head State	Hoen	nital	80	7 N. Cu	rlev S	treet			A FARM?
3. NAME OF		rst	Middle		Last	4. DATE	Mor	a th	Doy	Year
DECEASED (Type or print)	Georg		Enoch	Coll	ison	OF DEATH	Mar	ch	28	19 60
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DATE O			9. AGE (In years lost birthdoy)			NDER 24 HRS
Male	White	WIDOW	ED DIVORCED	9/19	/1875		814 yrs.	manins	Days Hou	ers Min.
10a. USUAL OCCUPAT	TON (Give kind of work orking life, even if retired	dane 10b	KIND OF BUSINESS OR IND	USTRY 11. B	IRTHPLACE (Stote	e or fareign	country)	12. CITIZ	EN OF WHA	T COUNTRY
during most of we	orking me, even if remed	"	-		Marvl	and		U	SA	
13. FATHER'S NAME				14. MO	THER'S MAIDEN	NAME				
James	Collison			T	Mary Nic	hols				
IS. WAS DECEASED EN		RCES? 116.	SOCIAL SECURITY NO. 17.	INFORMAN	-		Hospita	ressReco:	rde	
(Yes, no, or unknown)	(If yes, give wor or dates of	service)			2001	0 1100,0	. Montage	11000.	L US	
1B. CAUSE OF DI	EATH [Enter only one co	ouse per l	ine far (a), (b), ond (c).]							BETWEEN
PART I. DI	EATH WAS CAUSED BY:		Bronchopneumo	nia					_	ND DEATH
491	DUE TO		DI GITOTTO DITC CAMO	I. Andre Chr.				100	- WI	EEAS
Canditions, if										
gave rise to	immediate									
cause (o), stotin										
lying cause last	_ ′	c)(c)	CONTRIBUTING TO DEATH BU	IT NIOT BELA	TED TO THE TERM	AINIAI DICEA	SE CONDITION OF	VENI INI DA DT	1/=\ 10 \\	AC ALITOPCY
₽				JI NOI KELA	IED IO INE IEKA	MINAL DISEA	SE CONDITION GI	VEN IN PART	PE	RFORMED?
	Arterioscle	7							YES	NO [
OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DES	SCRIBE HOW INJURY OCCUR	RED. (Enter n	oture of injury in	Port I or Pa	ort II of item IB.)			
20c. TIME OF INJU Hour o. m p. m	10	20d. While of wa	Not while	PLACE OF IN octary, stree	JURY (Home, far t, office bldg., et	m, 20f. (Cit	ty or tawn)	(C	ounty)	(Stote
21. I certify th	not (I) (this hospita	i) atten	ded the deceased from	11/23	1	258 to	3/28	1960	. that (	) (we) los
	ased alive on 3	1/28	1960 , and that	",			the causes or			
22a. SIGNATURE		/	The state of the s	dedill oc		P.M.	The cooses of	id on me	doic 310	22b, DATE
	tu to	X	awrel	M.D. PHY	NDING A	MED.	STAFF PHYS.		3/2	9/60 SIGNE
22c. PHYSICIAN'S	AU	0)	1		ADDRESS	JIKECIOK L	[ [1113. a[b]		2/0	-//00
NAME (Type)	Lee L. La	WIV.	M. D.			Head S	tate Hosp	rital:	Salish	M. True
02 (6) 2111 005 2										
REMOVAL (Specif	ON, 231 DATE THERE	160	1 Lenton	OR CREMAT	ORY	23d. LOCA	enten	or county)	1	State)
24. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS ()	7	100. REC	'D BY REGIS	STRAR 256. REG	ISTRAR'S SIG	NATURE	
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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
为坑	3986 7, Film CERTIFICATE OF DEATH  Reg. Dist. No. (1392)
direction in the second	1. PLACE OF DEATH a. COUNTY WICO MICO MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY L. COMICO
funeral id be f	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  SQLISHELL A CONTROL OF STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the fun 12 should	d. NAME OF HOSPITAL (If not in hospital, give street address), or INSTITUTION  Peninsular General Hospital  714 Howard  YES NO PARM?
lled in b	3. NAME OF DECEASED (Type or print) 1/1RG/1= Middle Lost 4. DATE Month Day Year OF DEATH March 16 1960
campletely filled papers. Pages 1 ath.	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  F. Male  White WIDOWED DIVORCED 3-26-1894  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min. Year)  Months Days Haurs Min.
40	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of fareign country)  during most of warking life, even if refired)  HOME  MARYLAND  12. CITIZEN OF WHAT COUNTRY?
ian and carban after de	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  17. MOTHER'S MAIDEN NAME  17. MOTHER'S MAIDEN NAME  18. MOTHER'S MAIDEN NAME  19. MOTHER'S MAIDEN NAME  19. MOTHER'S MAIDEN NAME
ing physici	15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  (Yel. no, pr unknown) (If yes, give war or dates of service)  (Yel. no, pr unknown) (If yes, give war or dates of service)
attendin within 7	18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  INTERVAL BETWEEN ONSET AND DEATH
Then Then the event	33/X IMMEDIATE CAUSE (a) Course V as as a course of the co
permit in any	Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.
hysician s been sil-transit val, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
nding pl cate has	YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Part I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ar after is certification was as the matian,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a.m. 19 While Nat while of wark at work to twark at work 19 of wark at work 19 of wark 19 o
haspital After the ied far jal, cree	21. I certify that I attended the deceased from Direction, 1955, to 3/16/6/19, that I last saw the deceased
RECTOR: be detach	alive an, and that death accurred at
RAL DIRE shauld be strar priar	PHYSICIAN'S NAME (Type)
may be re page 3 sh the registr	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. MAME OF CEMETERY OR CREMATORY 22d. (OCATION (City, town, or county) (State)
S A15 (4)	23 AUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
5M 9/5B	fr-2 - Marie Co - Delling, Ref DATE MAN 21 by Cirthy of King

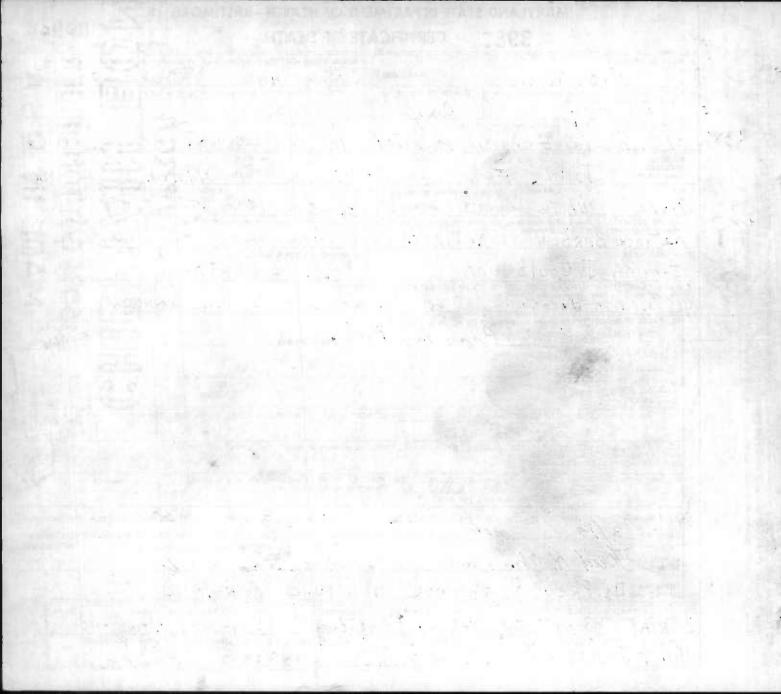


MARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18
0000				

3987 CERTIFICATE OF DEATH

(13926 Reg. Dist. No.

f	a COUNTY	SUAL RESIDENCE (Where degeased lived. If institution: Residence before admission) STATE b. COUNTY							
	WICOMICO MARYLAND	MARYIANO WICOMICO							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	SALISBURY /Ray	SALISOURY							
5	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR-INSTITUTION	STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
4	Peninsula General Hospilal	110 VV LOCUS 1 YES NO 1							
	3. NAME OF DECEASED (Type or print)  JOHN FRANKLIN COU	Last 4. DATE Month Day Year OF DEATH March 12 1960							
Ì	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DA								
	Male White WIDOWED DIVORCED DE	C. 16 1872 (as birthdoy) Manths Doys Hours Min.							
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY I Deluring most of working life, even if retired)	1. BIRTHPLACE (Stote or, foreign country)  12. CITIZEN OF WHAT COUNTRY?							
	Melined BARBER Mellied	MARY IANO U.S.N.							
4	13. FATHER'S NAME	MOTHER'S MAIDEN NAME							
1	Josuph J. Louibourn	riscilla Chatham.							
Ī	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORM	Address Address							
1	Yes Spanish - American	bloky Coulbourn, Some							
ŀ	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY:	Conset and Death							
	IMMEDIATE CAUSE (a) DOMESTIC TO THE	amo ma							
	Conditions, if any, which gove rise to immediate (b)								
	cause (o), stoting the <u>under-</u>								
	lying cause lost. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT I	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
	5	YES NO							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERF YES   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE O								
1	Hour o. m.  P. m.  While Not while of work of work	treet, affice bldg., etc.)							
	1	10 62 - 2/12 10 63							
	21. I certify that I attended the deceased from July 1924 to 3/12 , 19 Certain I last saw the deceased								
1	alive an 3/12, and that death account								
	ACTUAL Hund D M.	ADDRESS (Street, city or town, state)  DATE SIGNED							
	SIGNATURE HELD M. D. Aramal M.D.	Dalishting, Mid							
	PHYSICIAN'S Dr. FRED R. SLRAMSE SAL	ISbury, WARY/AND							
	220. BURIAL, CREMATION, 22b. DATE THEREOF PARSONS CEMENT OF CEMETERY OF CREEN PRINCIPLE OF CEMETERY OF CREEN CONTROL OF CREEN	AATORY 22d. LOCATION (City, tawn, or county)  ENZI SAISOUPY, MARY/AND (Stote)							
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							
	I HILL & JOHNSON CO, SALISDON, MA.	DATMAR 1 5 '60							
E		DATEMAN 15'60   Oatling & House							



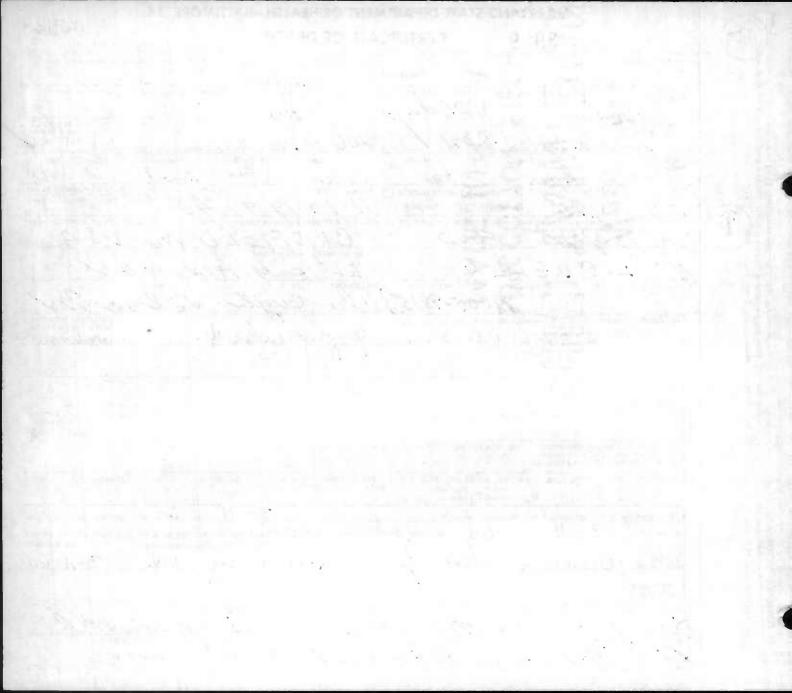
MEDICAL EXAMINER'S CERTIFICATE OF DEATH dy is necessary, please exe-director. Page 4 should be Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH icomico a. COUNTY O. STATE b. COUNTY Wicomica MARYLAND burial b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? eninsy /2 Deneva 06 K09 YES INO delay and 3 to the soneral direction of the retained for your file 3 2 with the registrar p NAME OF Middle DATE Month Day Year DECEASED (Type or print) DEATH 16 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TI 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Months Hours WIDOWED | DIVORCED T 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life/ even if retired) pup pe smistic may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1, age 5 ma pages certificate should be executed within 24 h pending" in pencil in Item 18. Give Page IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 0 正 permit. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Sudden Cardiac Arrest alang with farm burial-transit pe IMMEDIATE CAUSE (a) DUE TO Pulmonary Atelectasis Conditions, if ony, which hours gave rise to immediate cause **DUE TO** (o), stoting the underlying Aspiration couse lost pending in o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? 000 used Chronic Alcoholism YES NO of the certificate, writing the ward "pendi arwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be use 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) CAUSE OF DEATH. MEDICAL EXAMINER: This 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while o. m. at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection -Inquiry ( Natural causes 14. Accident . Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 3-18-60 **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22g_BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, lawn, or goopty) (State) REMOVAL (Specify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE MAR 2 2 '60 without S. Fireys VS. A15ME(5) DATE 5M 9/55

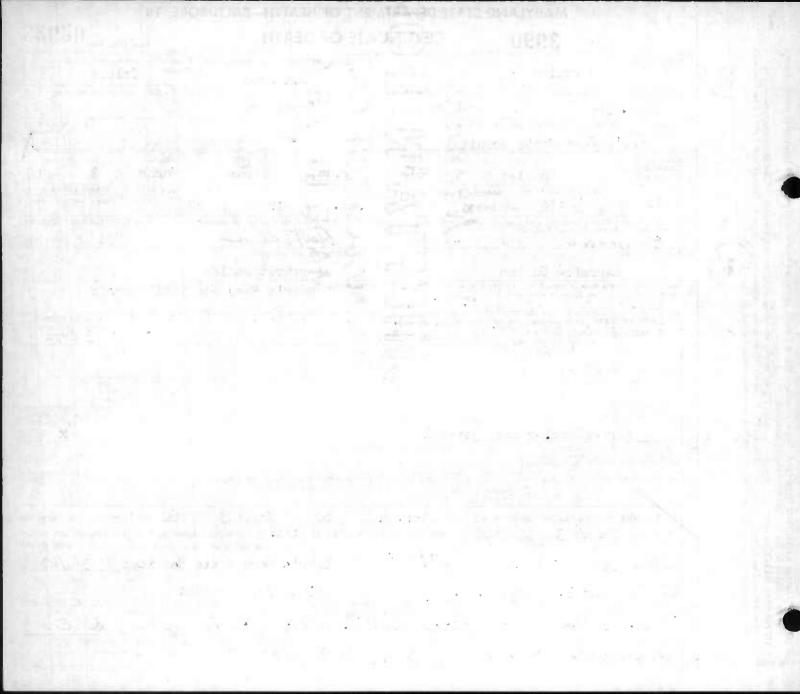
26 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3989 CERTIFICATE OF DEATH

3303	CERTIFICA	IL OI BEATH	Reg.	Dist. No.
1. PLACE OF DEATH a. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived. If institution: Residud.	dence before odmission)
b. CITY OR TOWN (If autside corporate limits, write c. RURAL and give pearest town)	26 days	c. CITY OR TOWN (If outside AR)	de carporate limits, write RURAL ar	nd give nearest tawn)
d. NAME OF HOSPITAL (If not In haspital, give street addr OR INSTITUTION  Lenin Stella General Hosp	iess) Bital	d. STREET ADDRESS 206 RAILAGOD	Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) BURDA!	Middle	Cualos 4.	DATE Month OF DEATH MARCH	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED [	A LEVER MARKED	DATE OF BIRTH	9. AGE (In years lost birthdoy) Manth	DER 1 YEAR IF UNDER 24 HRS. s Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane lob. KINI during most of working life, even if retired)	O D SUSINESS OR INDUST	RY 11. BIRTHPLACE (State or f	areign country) 12.0	US A
13. FATHER'S NAME	2	ELSIE M	1. HINNMI	4/1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes, no, or unknown) (If yes, give war or dates of service)	15-98/5 9 IN	FORMANT CUES	le - Lels	na In
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which ) (b)	r (o), (b), and (c).]	pylones	lengis .	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate cause (a), stating the under-lying cause last.		Kuri-Fi		
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL	. DISEASE CONDITION GIVEN IN F	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED.	. (Enter nature of injury in Part	I ar Part II af item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Haur a. m. 19 of work	Nat while factor	CE OF INJURY (Home, form, 12 ary, street, affice bldg., etc.)	20f. (City ar tawn)	(County) (State)
21. I certify that I attended the deceased alive an 3-11, 1960			fram the causes and an operation (Street, city or town, state)	last saw the deceased the date stated abave.
SIGNATURE WILLIAM SE. C.	elis & M	· Salisl	ury, Ml.	3-11-60
PHYSICIAN'S NAME (Type)			0	
229 BURIAL, CREMATION, 22b. DATE THEREOF 22 REMOVAL (Specify) 3-14-60	MAME OF CEMETERY OF	CREMATORY 220	d. LOCATION (City, tawn, or count	y) Ler (Stote)
23. FUNERAL DIRECTOR'S STIGNATURE	ADDRESS - Lalmar	Les DATEMAR 1		





VS A15 (4) 15M 9/5B

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3991

**CERTIFICATE OF DEATH** 

03930 Reg. Dist. No.

1	1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY 1
1	11)10 com 100	MARYLAND 6. COUNTY DRCSSTER
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Balishunu	BERLIN 23X-2
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
2	Peningul A General Hospita	VI ITSHINGTON YES NOW.
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	DECEASED	CO OF
	1201001011	B. DATE OF BIRTH  9. AGE (In yeors   IF UNDER 1 YEAR IF UNDER 24 HRS.
		lost birthday) Months Days Haurs Min.
		17 AR. 16, 1881 73 yrs.
	10a. USUAL OCCUPATION (Give kind of work done of the local l	0 0 10
	RETIRED MACISTRATE   MUNICIPAL	PRINCESS HNNE 10 U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
_	U-FOREE LULVER	HDELING MILLER
*	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (17) 15. no. or unknown) [1] (If yes, give, woigh or dates of service)	NFORMANT Address
1	No No 214-32-7455	MRS, F. A. CULVER BERLIN, MID
_	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	animon
	DUE TO	O Constant of Constant
	Conditions, if ony, which gove rise to immediate	que monore enjologrema
	couse (o), stoting the under-	
	lying cause lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
)	(S)	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Port II of item 1B.)
	=	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
	Hour o. m.  19 While Not while at work at wark	intry, area, artice stug., etc.,
	21. I certify that I attended the deceased fram. 3-4	1960, ta 3-18 1960 that I last saw the deceased
	7 10	14. 16
	alive an	ADDRESS (Street, city or town, stote)  DATE SIGNED
	ACTUAL DA . SACO .	5 0 11 3-18-10
	SIGNATURE WELLOW CEECAS	M.D. Jackoung, Ma. 10 (8)
	PHYSICIAN'S	
	NAME (Type)	
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
	[JURIAL 3/21/60 = VSRA	ROBIN STRLIN I'D.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Anna M. Durtage Berlin	DATE MAR 22'60 Cathur & Kinus
	4	

BORDING MICHEL William to the transfer of the First Convert State of the the second section is the second section of the second a D near team a

VR A1S (4) ISM 9/59

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#### MARYLAND STATE DEPARTMENT OF HEALTH

3952 CI

D STATE DEPARTMENT OF HEALTH	00000
AL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	03931
ERTIFICATE OF DEATH	0 - 0 - 1

1. PLACE OF DEATH O. COUNTY  O. COUNTY  OMARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and one nearest/town)	c. CITY OR TOWN/(If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, dive street address) OR INSTITUTION Deurs / Lea C / Losp	1010 Riversi de Prive en 18 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Harry ar Middle	Dallas DEATH 3-12-60 19
5. SEX  O. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 10-24-06 9. AGE (In years last birthdoy) 5 3 yrs.    IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Luguer  And Euguer	0
Dais d'H Dallas	14. MOTHET'S MAIDEN NAME Or dis
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   Yes. no. or unknown  (If yes, give war ar dotes of service)   16. SOCIAL SECURITY NO.   17.	George Dallas Salisbury
18. CAUSE OF DEATH [Enter only one couse per-thin far (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.  (b)  DUE TO  (c)	j Enyphysema Interveen onset and death of Julis culosis 16 yrs
ICATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	D. (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or tawn) (County) (Stote)
22c. PHYSICIAN'S NAME (Type) LEE L. LAWRY	death occurred of M. M. from the causes and an the date stated obave.  22b. DATE 22b. DATE PHYS. 3-12-19 SIGNED  22d. ADDRESS  22d. ADDRESS
230. BURIAL, CREMATION, BREMOVAL (Specify) 3-16-19-00 West Laurel	Hill Cem Phila, MARYLAND
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS LONG TO SALIS OU NY	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  DATEMAR 1 5 '60  Calling 9 H.

· via HER CONTRACTOR where the rest of the second a state of the sta 

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)	ding physicion and completely filled in by the funeral director,	ise remaye carl on papers. Pages 1 and 2 shauld be filted with	1
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	comple	popers	ath.
	and	6	er de
	ion	COL	offe
	physic	emave	n 72 hours offer death.
	ding	Se r	n 72

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3993

**CERTIFICATE OF DEATH** 

03932 Reg. Dist. No.

_													
	PLACE OF DEATH o. COUNTY Wi	.comico		MARYLA		CTATE	aryla		lived. If instituti b. COUNTY	on: Reside	nce befo	re admiss	ion)
	b. CITY OR TOWN (III RURAL and give ne Salisbu	outside corporate limi orest town) LTY	ts, write	c. LENGTH OF STAY IN	11Ь		own (If or		ote limits, write R	URAL ond	give ne	arest town	)
	d. NAME OF HOSPIT OR INSTITUTION Deer's	AL (If not in hospitol, of Head State	Hosp	o oddress)  d. STREET ADDRESS  pital  Rirst Street			0						IDENCE FARM? NO [3]
	NAME OF DECEASED (Type or print)	Fii Ch	arles	Middle		Lost Day		4. DATE OF DEATH	Mor Mar		Do	,	Yeor 1960
5.	Male	6. COLOR OR RACE Colored	7. MARI	RIED NEVER MARRIED  DIVORCED		ATE OF BIRTH 6/27/18	84		9. AGE (In years lost birthdoy) 75 yrs.	Months Months	R 1 YEAR Doys	Hours	R 24 HRS. Min.
	Laborer	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR		Virg	inia		untry)		USA		OUNTRY?
13.	FATHER'S NAME				14	. MOTHER'S		AME					
		ge Day					iza			- 40			
		R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	212-18-6434	INFO	MANT De	er's	Head	Hospitat	reflecc	rds		
CERTIFICATION	Conditions, if or gove rise to it couse (o), stoling lying couse lost.  PART 11. OTH	the <u>under-</u> DUE TO	;)	CONTRIBUTING TO DEATH	H BUT NOT	RELATED TO	THE TERMIN	NAL DISEASE	: CONDITION GIV	VEN IN PA	RT 1(o)	PERFO	AUTOPSY RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of	injury in P	Port I or Port	II of item 1B.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While	NJURY OCCURRED 20 Not while k ot work		OF INJURY (H street, office			or town)		(County)	48	(State)
	,	ot I attended the  Narch 6  V. Jue  V. Juerman	, 19_9 ~~	60, and that d		curred at	10:30 r's H	Appress (Street	6 , 1960 the causes ar reet, city or town, tate Hos ryland	nd an th stote)	ne date	stated DAT	
220	BURIAL, CREMATIO	3/ 10/1		22c. NAME OF CEMETE					isbury	or county)		(Stot	e)
23.	FUNERAL PIRECTOR		1	ADDRESS	19/	. 1		BY REGIST	RAR 24b. REG	ISTRAR'S S		RE	

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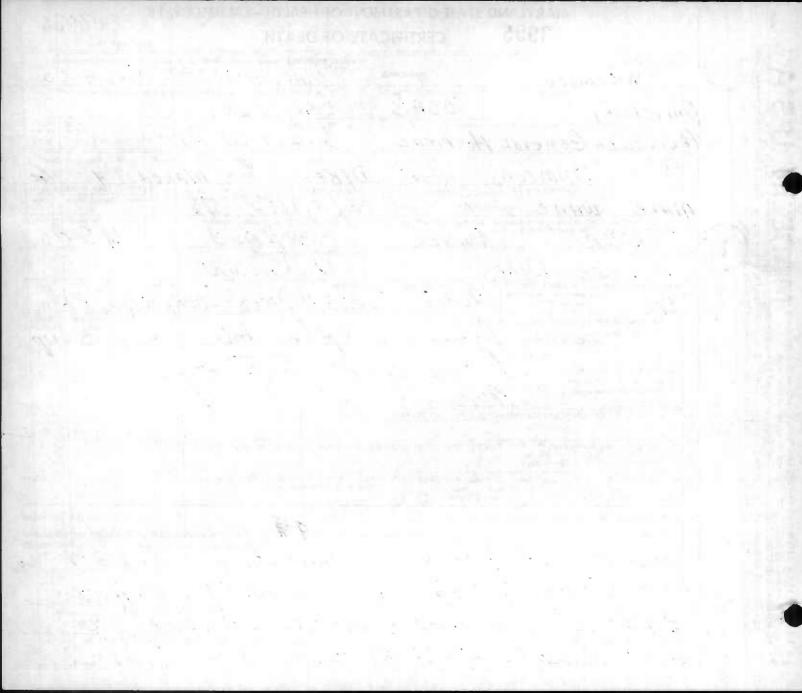
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VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		3934		CERTIF	ICAI	E OF D	EAIH						
1.	PLACE OF DEATH  o. COUNTY  WICC	OMTCO		MARY		2. USUAL RESII o. STATE Mai	DENCE (Who		d lived. If in b. CO	UNTY	Residence		mission)
	b. CITY OR TOWN (If our	side corporate lim	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR	4		rote limits, v				lown)
	RURAL and give neares Salisby	ry		64 da	ys	X Del	mar	(Rt.	#3)				
	d. NAME OF HOSPITAL ( OR INSTITUTION DEER S		TE HOS			d. STREET A	#3					Of	RESIDENCE N A FARM?
3.	NAME OF	Fi		Middle		Los		4. DATE		Manth		Day	Year
	DECEASED (Type or print)	Ma	nie			Denni	s	OF DEATH		3		18	19 60
5.	SEX 6.	COLOR OR RACE	7. MARRIE	D NEVER MARRI	ED B.	DATE OF BIRT	Н		9. AGE (In lost birth			_	NDER 24 HRS.
	F	W	WIDOWED	DIVORCE		9-17	7-72	82.4	87	yrs. M	onths Do	ys Hou	ors Min.
10	o. USUAL OCCUPATION ( during most of working	Give kind of work	done 10b. K	IND OF BUSINESS O	R INDUST						12. CITIZEN	OF WHA	AT COUNTRY?
	Housewif					1	Working	h Me]	Lson,	Md.	U	.S.A	
13	B. FATHER'S NAME		A 10-			14. MOTHER'S	MAIDEN N	IAME					A Parlow
	uhla	holy Jose	ph H	astings		Harrie	tt /	hikhdw	War	ZEXX	E11	en l	Hall
	. WAS DECEASED EVER IN		CES? 16. S	OCIAL SECURITY NO	17. INF	Linwood	od wa	rate?			424	W. Co	ommerc
-	1B. CAUSE OF DEATH	[ Enter only one of	use per line	for (a) (b) and (c)	1	St. S	nyrn	a, De	lawa	re		INTERVAL	BETWEEN
		WAS CAUSED BY:		Pronchopne	•	a sad ad	_					ONSET A	ND DEATH
	Conditions, if ony, gave rise to imme couse (o), stoting the lying couse lost.	diote (	)()										
CATION	PART II. OTHER	SIGNIFICANT CON	IDITIONS <u>CC</u>	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITIC	N GIVEN	IN PART 1	PE	AS AUTOPSY REORMED?
CERTIF	20a. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEATH	20b. DESCI	RIBE HOW INJURY O	CCURRED.	(Enter noture o	f injury in F	ort I or Por	t II of item 1	B.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. IN. While of wark	Nat while of work	20e. PLAC focto	E OF INJURY ( ory, street, office	Home, form bldg., etc.	, 20f. (City	or town)		(Cou	nty)	(Stote)
	21. 1 certify that (I		1) attende 3-18	d the deceased				60, to_				-	l) (we) last ted abave.
	22a. SIGNATURE	N. L	leh	/ <u>V_QQ, / drid</u>	M	ATTENDIN	12:55 G _ ME	a.m.	STAFF PHYS.		an me d	idle sid	22b. DATE SIGNED 3-18-6(
	22c. PHYSICIAN'S NAME (Type)	L. V. M	aldve	M. D.		22d. ADDR			Head S			ital	
23	30. BURIAL, CREMATION, REMOVAL (Specify)		OF .	23c. NAME OF CEM					TION (City,	lown, or c	caunty)		State) arylan
24	. FUNERAL DIRECTOR'S SI			ADDRESS			2Sa. REC'I	BY REGIST	TRAR 25b	REGISTRA	AR'S SIGN	ATURE	
I	* YAWOLLOH	COMPAN	Y SA	LISBURY	MARY	LAND	DATEMA	R 2 4 '6	0	arih	1 8. K	Laur-	

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### LAND STATE DEPARTMENT OF HEALTH

03935

IS RESIDENCE ON A FARM? YES NO X

Year

19 60

utian: Residence befare admission) Dorchester

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

19 60, that (1) (we) last

(State)

()	1. PLACE OF DEATH a. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Maryl		d lived. If institution b. COUNTY			re admissi ster	
V	RURAL and give n	If autside carporate limits, earest town) Salisbury	vrite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		rate limits, write RU	RAL and g	give nec	x - c	)
91	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give Deer's Head	state hospital	d. STREET ADDRESS Route	2				e. IS RESI ON A YES	
	3. NAME OF DECEASED (Type ar print)	First Mary	Middle	Last Elliott	4. DATE OF DEATH	Month Mar		Do 23		1
	s. sex Female		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH August 25,	1891		Manths	1 YEAR Days	IF UNDE Hours	1
	10a. USUAL OCCUPATION during most of work None 13. FATHER'S NAME	ON (Give kind af work dan king life, even if retired)	None	USTRY 11. BIRTHPLACE (Sta	le or foreign o land	ountry)			· A.	

Mary C. Warrington Henry Warrington NS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Hospital Records -- Salisbury. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY Gangrene Left Leg Diabetic Months IMMEDIATE CAUSE (a) **DUE TO** Diabetes Mellitus 17 Years Canditians, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (State) Day, (County) factory, street, affice bldg., etc.)

a. m. Nat while at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram. , and that death accurred at 8:15 saw the deceased alive on fram the causes and on the date stated above. 22a. SIGNATURE STAFF PHYS. X MED.

ATTENDING PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

Salisbury, Maryland 23d. LOCATION (City, tawn, ar caunty)

DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Dorchester Mem. Park

Cambridge, Maryland 25a. REC'D BY REGISTRAR

**ADDRESS** 24. FUNERAL DIRECTOR'S SIGNATURE

L. Maldve, M.D.

23b. DATE THEREOF

-26 - 60

DAWAR 2 8 '60

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 1SM 9/59

23a, BURIAL, CREMATION.

REMOVAL (Specify)

Markey to the same of the same

RYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
032	CEDTIFICATE		

03936 Reg. Dist. No.

G. COUNTY	d. If institution: Residence before admission) b. COUNTY
WICOMICO IIIAK YINIVO	MICOMICO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate I A LENGTH OF STAY IN 1b)  C. CITY OR TOWN (If outside corporate I A LENGTH OF STAY IN 1b)	imits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) HER DERT PENN ELZEY 4. DATE OF DEATH	Month Doy Year 9
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  Nhite WIDOWED DIVORCED B-21-1894	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  St birthdoy) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work dane dob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country of the first of the country of the	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME EIZEY  14. MOTHER'S MAIDEN NAME  HARVEY EIZEY  MARY TULKS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (17 yes. give word of doles of fervice) 214-10-70 15 MRS H. P. ELZEZ.	SAME
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Coronary Octoroschiere int	ONSET AND DEATH
260× DUE TO 11.	
Conditions, if ony, which) (b) My Color Superfront	
gave rise to immediate cause (o), stoting the under-lying cause lost.  DUE TO  Col. Diabetes Multiples	
	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
3 Cerebral Order schooling with Chrone of	au Syndions, YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTIONS	item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m.  19 of work of wo	own) (County) (Stote)
	, 1960, that I last saw the deceased
alive on Mach 2 , 1960 , and that death occurred at 825 AM, from the	e causes and an the date stated above.
ACTUAL SHOMES C- Hill WIMD. SALISBURY, MARYLA	city or town, state)  DATE SIGNED  7-1960
PHYSICIAN'S Dr. Thomas C. Hill In. Pine BLUFF Rd., Salisbu	iry, Maryland
226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY ALLEN CEMETERY ALLEN	(City, town, or county);  NARY/AND (State)
23. FUNERAL DIRECTOR'S SIGNATURE HILL + JOHNSON CO, SALIS BUNY, MC   DATEMAR 1 4 160	24b. REGISTRAP'S SIGNATURE CITHUN S. KINIM

VS A1\$ (4) 15M 9/55

TE OR DEATH	CERTIFICA
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	Democratic Comment of the Comment of
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORIL, IS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

YES NO NO

Year

PERFORMED? YES NO

(State)

(State)

THE SHOPE the second track of the second THE RESERVE OF THE PARTY OF THE THE PARTY STATE SECTION TO THE USE OF THE PARTY STATES Carnellos Every Erney Brings Brings MILL MARCOLD PROPORT FOR EVANS OF STREET 

22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

Shad Point Cemetery

22d. LOCATION (City, town, or county)

24g, REC'D BY REGISTRAR

DATE MAR 2 1 '60

Shad Point, Maryland

24b. REGISTRAR'S SIGNATURE

Circhar S. Krasits

(State)

page 3 should be detached 1SM 9/S5

220. BURIAL CREMATION, 22b. DATE THEREOF

Hill & Johnson Co. Salisbury, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

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requires that the deoth certificate be executed wi

the funeral director, should be filed with

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ician and campletely filled in e carbot papers. Pages 1 ar yafter death.

please remove within 72 hours

crematian, or remaval, and

page 3 should be detached for use as the burial-transit the registrar prior to burial, cremation, or remaval, and

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 000

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1	1	3	0	5	0
1		0	U	0	2,7

	,,,,
PLACE OF DEATH	

	10 60 60
, PLACE OF DEATH a. COUNTY	Wicomico

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Wicomico Maryland b. COUNTY

c. LITY OR TOWN (If autside carporote limits, write RURAL and give neares trawa) isbury	ENGTH OF STAY IN 1

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Salisbury

d. NAME OF HOSPITAL (If not in haspital, give street address)

d. STREET ADDRESS

OK INSTITUTION	Pen. Gen.	Hospital	1	927 1	East (	Church	St		NO A
3. NAME OF DECEASED (Type or print)	WILLIAM	Middle FRANCIS	FOOKS	4	OF DEATH	Month MARCH	I 41	/	Year 1960
5. SEX Male		MARRIED MEVER MARRIED [ OWED DIVORCED		.885			Aanths Day	-	ER 24 HRS. Min.
Retired	king life, even if retired)	10b. KIND OF BUSINESS OR IN						U S A	
13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAA	AE				
Affria	Fooks		Annie	Kel:	ley				
(Yes, no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give war ar dates of service)		Mrs.Helen Sal	A.Fo	ooks(N	Vife) 92 ryland	7 E.	Churc	h St
	ATH [Enter anly one cause p ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	er line far (a), (b), and (c).]	The	om.	Cor	is		NTERVAL BE	
Conditions, if a gave rise to cause (a), stating lying cause last.	mmediate ( Dus TO								
PART 11. OTH	HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	HE TERMINA	L DISEASE CO	NDITION GIVEN	IN PART 1(a	PERFO	AUTOPSY PRMED?
(IF EITHER, NOTIFY	AS UNDERLYING 206. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of i	njury in Part	1 or Part 11 o	f item 18.)			
20c. TIME OF INJUR		d. INJURY OCCURRED 20e	PLACE OF INJURY (Ho factory, street, affice b	me, farm,	20f. (City or t	awn)	(Caun	(y)	(State)

at wark at wark

21. 1	certify	that I	atten
alive	an	3	14

and that death accurred at 0

19 Ca., that I last saw the deceased : 46AM, from the causes and an the date stated above.

ACTUAL

March

PHYSICIAN'S Dr. Fred R. Gramse

S. Division St. Salisbury, Maryland

Parsons Cemetery

22d. LOCATION (City, lawn, ar caunty) Salisbufy, Maryland

ADDRESS (Street, city or tawn, state)

Mar.7,1960 23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Crithun S. Thomas

TO FUNERAL DIRECTOR: After this certificate VS A15 (4) 15M 10/57

HOLLOWAY & COMPANY

22a. BURIAL, CREMATION, 22b. DATE THEREOF

SALISBURY MARYLAND

22c. NAME OF CEMETERY OR CREMATORY

		MARYLALD STATE DEPARTME	
	TE OF DEATH	TMIS CERTIFICA	
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		and the last	
	.Al. Co resteeman (erast	suite state in lay I	
13 Haquino.			
	, verdisses , verdisses.	vacesti. 7 h	
	Ш-, не	2.7,1960   Internal Co	

24 hours after death. Poge 4

VS A1S (4) 15M 9/S8

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3999 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Wicomi	co	MARYLAND	o. STATE	IDENCE (When	e deceased l	b. COUNTY	n: Residence b	efare admis	ssion)
b. CITY OR TOWN (If outside RURAL and give nearest I	de corporote limits, write own)	c. LENGTH OF STAY IN 16	c. CITY OR		side carpora	te limits, write RL			vn)
d. NAME OF HOSPITAL (IF	nat in haspital, give street	oddress)	d. STREET	ADDRESS	C+			ON	SIDENCE A FARM?
	neral Hospit		11 639	Cooper				1 .20 [	7 110367
3. NAME OF DECEASED (Type or print)	JOSEPH	Middle WILLIAM	FOX	ıst	4. DATE OF DEATH	Mant	h	Day 23	Year 19 60
	olor or race 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	3-15-18		9.	AGE (In years lost pirthday) yrs.	Months Day		1
10a. USUAL OCCUPATION (Gi during most of working lift Printer, RETTI	ve kind of work done 10b e even if retired)	KIND OF BUSINESS OR INDU		W York	fareign cou	ntry)	US.		COUNTRY?
13. FATHER'S NAME  Joseph T. Fox				y A. B					
15. WAS DECEASED EVER IN U			informant	A. Fo	x Same	Addr	ess		Ш
Conditions, if any, we gave rise to immed couse (a), stoting the unlying cause last.  PART II. OTHER SIG	DUE TO  (c)  GNIFICANT CONDITIONS	cortic arterior CONTRIBUTING TO DEATH BU					EN IN PART 1(c	Sev.	ORMED?
20a. ACCIDENT WAS UNION CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC WAS HOUR O. m.	onth, Day, Year 20d. While	Not while fo	LACE OF INJURY	(Hame, form,	20f. (City o		(Caur	ity)	(State)
21. I certify that I alive on	ottended the decea	Tallay	M.D. Sali	12:15A	Maryl	ne causes and et, city or town,		ate state	d above
		Camden Ave.,				311.463			
22a. BURIAL, CREMATION, 22 REMOVAL (Specify) Burial	3-25-1960	22c. NAME OF CEMETERY O				oury, Mai	ryland	(Ste	ote)
23. FUNERAL DIRECTOR'S SIGN		ADDRESS ury, Maryland			BY REGISTRA		TRAR'S SIGNA		

HILLER TO STAGRISHS - DOOR T TETROI . A South with and it will make the control of the depresentation and the comments of the second Appelored Constitute that the later will be been a few for the constitutions. Production of the contract of

VS A1S (4) 1SM 9/SS

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4000 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Vicomico		MARYL		o. STATE Mary.		d lived. If instituti b. COUNTY	on: Residence	e before odmi	ssion)
b. CITY OR TOWN (IF RURAL and give nec	outside corporate limits, rest town) LTY	write c. l	ENGTH OF STAY I	N 16	c. CITY OR TOWN (IF		rate limits, write R		ive nearest tow	n)
d. NAME OF HOSPITA OR INSTITUTION - Peninsu	L (If not in hospital, give La General	street oddr	m) pital		d. street address Penins					SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Hary		Widdle V.		Gale	4. DATE OF DEATH	Marc	h h	5 Doy	Year 19 60
s. sex Female	6. COLOR OR RACE COL.	MARRIED [			DATE OF BIRTH	1878	9. AGE (In years last birthday)		Days Hours	
10a. USUAL OCCUPATION during most of working DOMES	(Give kind of work do ngdife, even if retired)	ne 10b. KINI	OF BUSINESS OF	R INDUSTR	Y 11. BIRTHPLACE (STON		ountry)	12. CITI	ZEN OF WHA	T COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
F	edrick (	Fale			Brid	get	Balla:	rd		
15. WAS DECEASED EVER	IN U. S. ARMED FORCE		IAL SECURITY NO.	17, INF	DRMANT		Add			
No			0	Le	vin Gale	R.F.D.	1 Ouar	atico	1110-	
Canditians, if an gave rise to im cause (a), stating the lying cause last.	mediate DUE TO (c)_	TIONS CONT	RIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE	E CONDITION GIV	/EN IN PART	PERF	fint.
PART II. OTHI	CAUSE OF DEATH	DESCRIBE	HOW INJURY OF	CURRED.	Enter noture of injury in	Part I ar Part	II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 19	While	Y OCCURRED  Not while of work	20e. PLACI foctor	E OF INJURY (Hame, far y, street, office bldg., et	m, 20f. (City	or town)	(C	aunty)	(State)
21. I certify the	t I attended the a	leceased f	ram. 5 (			511	10/19/1	That I le	ast saw the	deceased
alive an	Turell	1960	, and that	death a	occurred at 7		n the causes of reet, city ar town,			ed abave. ATE SIGNED
PHYSICIAN'S NAME (Type)	1-H.+11	Vne	11 M	11	Sale	Lu	Des X	15		
226. BURIAL, CREMATION REMOVAL (Specify) BUTTAL	0	0.00	NAME OF CEME		REMATORY		vantico		(Sto	te)
23. FUNERAL DIRECTOR'S	SIGNATURE STANDED	Cort	ADDRESS Sale	ble	1 0111	D BY REGIST	RAR 24b. REGI	STRAR'S SIG		

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MANAGE REPORT	4001		CERTIFIC	ATE OF DEAT	IH		Reg. Di	ist. No.		
1. PLACE OF DEATH a. COUNTY	icomico		MARYLAND	2. USUAL RESIDENCE ( o. STATE Mary	Where decease	d lived. If instituti b. COUNTY	-	nce befo		sion)
b. CITY OR TOWN (IF		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corpo	prate limits, write R			U	n)
RURAL and give ned	alisbury		16 Days	Cha	nce			19)	(- 2	
d. NAME OF HOSPITA OR INSTITUTION				d. STREET ADDRESS						SIDENCE A FARM?
			ite hospital					1		] NO [X
3. NAME OF DECEASED	Fir		Middle	Last	4. DATE OF DEATH	Mor	nth rch	72		Year
(Type or print)	Ros		Elizabeth	B. DATE OF BIRTH	DEATH	9. AGE (In years		also the	4	19 OC
			RIED NEVER MARRIED	B. DATE OF BIRTH	7 900	last birthday)	Months	Days	Hours	Min.
Female	White	WIDOW	ED DIVORCED KIND OF BUSINESS OR IND	APTIL ZIL	1090	69 yrs.	12 (17	TIZENI OS	EVALUATA	COUNTRY
during most of worki	ng life, even if retired	)				.0011117)	12.011			
3. FATHER'S NAME			None	14. MOTHER'S MAIDEN				U.	5. 1	
						_ 44/	NEF	-		
5. WAS DECEASED EVER	vid James	CE52 14	SOCIAL SECURITY NO	Louis	se -	Add	111	2		
(Yes, no, or unknown)	yes, give war or dates of s	ervice)			9 10					,
14	2		None	Hospita	1 Recor	os Sa.	lisbu	-	Mary	
THE RESERVE OF THE PERSON NAMED IN COLUMN 1		iuse per li	ne for (o), (b), and (c).]					ONS	SET AND	DEATH
PARI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE (c	)	Gerebral Throm	bosis with H	emipleg	ia		- 1	Yea	ars
420.0	DUE TO									
Canditians, if an		) A	rterio Sclero	tic Heart Di	sease			1.0	Yea	ars
gave rise to im cause (a), stating t										
lying couse last.	) (c	:)(:								
PART II. OTHI	er significant con	DITIONS	CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TER	RMINAL DISEAS	SE CONDITION GIV	/EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY ORMED?
PART II. OTHI	UNDERLYING DEATH	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Part I ar Par	rt II af item 18.)				II-II
20c. TIME OF INJURY	Month, Doy, Ye	ar 20d. II		PLACE OF INJURY (Home, fo		y or town)	,	(County)		(Stote
20c. TIME OF INJURY Hour a. m.	19	While at wor	INDI WILLIE	foctory, street, office bldg.,	etc.)					
				10 60 .	2/72/	1060				100
21. I certify the	It i affended the	deceas		, 19 <u>60</u> , ta_		, 1 <u>960</u>				
alive an	19 D.	19	OU, and that dea	th accurred at 9:5		the causes ar		e date		d abav
ACTUAL _		L	111811	C					UA.	IE SIGNE
ACTUAL		1)4	acy	_M.D	alisbur	y, Maryl	and			
PHYSICIAN'S NAME (Type)	Lee L. L	awry,	M.D.							
220. BURIAL, CREMATION			22c. NAME OF CEMETERY	00-6000000000	22d 10CA	TION (City, tawn,	or county)		(Sto	te)
REMOVAL (Specify)		-1960	ROCK C.	REEK	7	PANCE	or county)	MI	> (210	16)
23. FUNERAL DIRECTOR'S	SIGNATURE	-	ADDRESS	24a. RI	EC'D BY REGIS	TRAR 24b. REGI	ISTRAR'S SI			
16 most	1. Probate	in wi	Princess	Clan DATE	MAR 2 2'	60 C	ritury &	1. Kin	u.j	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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E	STI	FI	CA	TE	OF	DE	AT	H
_								_

4002	CERTIFICATE OF DEATH							
PLACE OF DEATH a. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan	ere deceased lived. If institution: Residence b. COUNTY Queen	e before admission)  Anne's				
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest too						
RURAL and give neorest town) Salisbury	182 days	Sudlers	17X-2					
d. NAME OF HOSPITAL (If not in haspital, give stre	et address)	d. STREET ADDRESS	BEST ENDINERAL	e. IS RESIDENCE				
OR INSTITUTION  Deer's Head	State Hospital	RFD # 1		YES NO				
3. NAME OF First	Middle	Lost	4. DATE Manth	Day Year				
(Type or print) Ella	Mae	Groves		21 19 60				
5. SEX   6. COLOR OR RACE   7. MA	RRIED MEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER					
Female Colored WIDO	WED DIVORCED	May 10, 189	2 67 yrs. Manths	Doys Hours Min.				
Oa. USUAL OCCUPATION (Give kind of work done 10 during mast of working life, even if retired)	b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State of	or foreign country) 12. CITIZ	EN OF WHAT COUNTRY				
None None	Own-Home	Maryland	U	SA				
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
Abraham Brooks		Rachel	Wright					
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  Unk . (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. IN	FORMANT Deer's	Head HospitaTorRecor	ds				
18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]			INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carcinoma of ur	inary bladder	with generalized	Thears"				
181 DUE TO	metastases.							
Conditions, if any, which ) (h)								
gave rise to immediate cause (a), stating the under-								
lying cause last. (c)		SALET TELEVISION						
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition given in part	1(o) 19. WAS AUTOPSY PERFORMED? YES NO				
200. ACCIDENT WAS UNDERLYING   20b. D OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art I or Part II of item 18.)					
Hour o.m. Wh	Comparison   Com							
21. I certify that (I) (this haspital) atte saw the deceased alive an March								
22a. SIGNATURE	signature 4. A.							
Viller	man	M.D. PHYS. DIE	D. STAFF PHYS.	SIGNE				
22c. PHYSICIAN'S NAME (Type) V. Juerman	, M. D.		d State Hospital; Sa	lisbury, Md				
230. BURGL, CREMATION 23b. DATE THEREOF 3/24/60	23c, NAME OF CEMPTERY O	R CREMATORY Aut	23d TOCATION (City town, or county)	md,				
24. FUNERAL DIRECTOR'S SIGNATURE								

VR A15 (4) 15M 9/59

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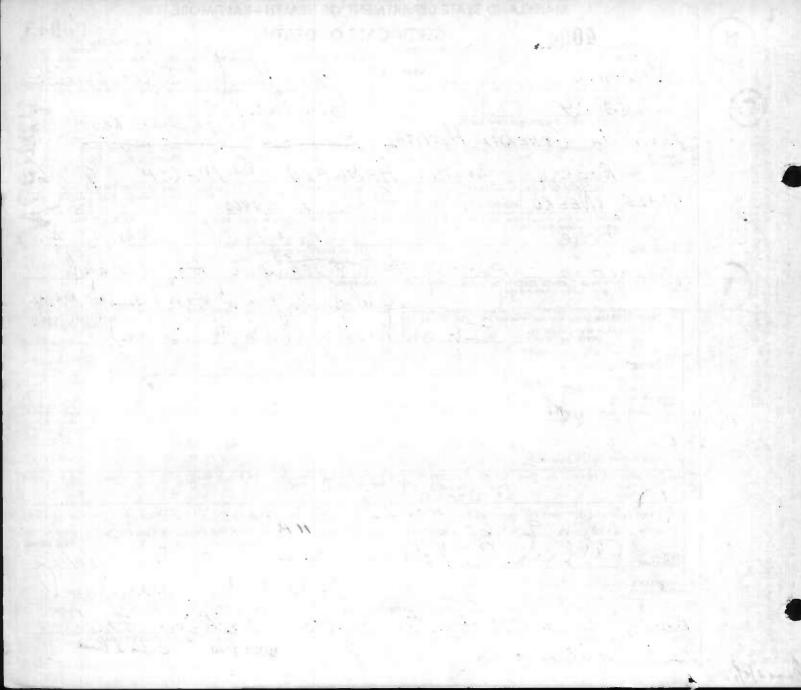
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	4000		32111111							
1. PLACE OF DEATH	2000	- 1		2	USUAL RESIDENCE (V	Vhere decease			nce befare	admission)
WI COMICO			MARYLA	MD	o. STATE 6. COUNTY Talbot					
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)					
	alisbury		558 da	VS	Neavi	t.t.			20	X-2
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION					d. STREET ADDRESS  e. IS RESIDENC ON A FARM					ON A FARM?
	s Head Stat	e Ho	spital		And Anny					YES NO
B. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE		onth	Day	Year
(Type or print)		llie	L.		Haddaway	DEATH		3	8	1960
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	□ B. E	PATE OF BIRTH		9. AGE (In year			Hours Min.
F	W	WIDOW	ED DIVORCED		10-24-81		78 y	111-011111	Days	moors win.
Oa. USUAL OCCUPA	TION (Give kind of wark orking life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTR'	11. BIRTHPLACE (Stat	te ar fareign (	country)	12. CIT	IZEN OF V	WHAT COUNTRY
	ewife	"			Maryla	and			U.S.	Α.
3. FATHER'S NAME					4. MOTHER'S MAIDEN				55,53	
John	Wayman				?					
	VER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	17, INFO	RMANT Deer's	Hoad F	Pagarda A	idress		
(Yes, no, or unknown)	(If yes, give wor or dates of	service)			Deer 3	meau 1	iecor us			
unknown									LINITED	VAL BETWEEN
	EATH [Enter only one of EATH WAS CAUSED BY:		1							T AND DEATH
PARI I. D	IMMEDIATE CAUSE (	) Ar	teriosclerot	ic c	ardiovascul	ar dis	ease		Ye	ears
1422	, / DUE TO									
Conditions, if ony, which) (b) Arteriosclerosis, general, severe								Ye	Years	
gave rise ta cause (a), statin										
lying cause los		c)								
PART II. C		-	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	MINAL DISEA	SE CONDITION C	IVEN IN PAI	RT 1(a) 19.	. WAS AUTOPSY
A P	Adono	aono:	inoma of col	022						PERFORMED?
20g. ACCIDENT	WAS UNDERLYING	7	CRIBE HOW INJURY OCC		Enter nature of injury in	n Part I ar Pa	rt II af item 18.)	361		4
OR CONTRIBUTION	NG CAUSE OF DEATH FY MEDICAL EXAMINER)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
20c. TIME OF INJ		or 20d. I	NJURY OCCURRED 20		OF INJURY (Home, fo		y or town)	(	(County)	(State
Haur o. m	10	While at wa		roctor	r, street, office bldg., e	itc.)				
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21. I certify the	hat (1) (this haspita		ded the deceased fr							it (I) (we) las
	ased alive on	3/8	19_04 and th	hat dea	th accurred at	M, fram	the causes	and an th	e date :	stated above
22a. SIGNATURE	1/1, 1.	0 0			ATTENDING	Op.m.	STAFF			22b. DATE SIGNEI
	1.V lu	V	,	M.E	PHYS.	DIRECTOR _	PHYS.			3/9/60
22c. PHYSICIAN'S NAME (Type		1911			22d. ADDRESS De	er's He	ead State	e Hosp	ital	
(./ρο	L. V. Mal	dve,	M. D.				v. Maryl			
3a. BURIAL, CREMAT	ION, 23b. DATE THERE	OF	23c NAME OF CEMET	ERY OR C			ATION (City, toye		7	(State)
PONOVAL (Special	M 2-11-1		neasite	t 96	temelow.	n	easit		2	M
24. FUNERAL DIRECTO	7		ADDRESS ()			C'D BY REGIS	TRAR 25b. RE	GISTRAR'S SI	IGNATURE	
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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4005 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) n. COUNTY b. COUNTY Wicomico MARYLAND Wicomico Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give negrest town)
Salisbury Salisbury d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE Springhill ON A FARM? Private Sanitarium 107 E. Isabella St YES NO NAME OF Middle 4. DATE Last Year DECEASED 100 HAROT.D CORKRAN HEARN MARCH 30th DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Feb. 27, 1884 Male White WIDOWED [ DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if refired)

Retired Ins. Salesman (Insurance Whitesville. Delaware S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hearn (Margaret Elizabeth Miller Joseph lyde Hearn (Son) % Central Hotel Salisbury, Maryland 16. SOCIAL SECURITY NO 1s. WAS DECEASED EVER IN U. S. ARMED FORCES? No. No. or 18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) Day, (County) factory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased fram. 1922, that I last saw the deceased alive on and that death accurred fram the causes and an the date stated obove. ADDRESS (Street, city or towal, state) ACTUAL SIGNATURE PHYSICIAN'S R. Gramse Dr. Fred S.Division Salisbury, Maryland NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Parsons Cemetery Salisbury, Maryland ADDRESS

SALISBURY MARYLAND

24g. REC'D BY REGISTRAR

DATE PR 4

24b. REGISTRAR'S SIGNATURE

page may VS A15 (4) 15M 9/SB

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registrar

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23. FUNERAL DIRECTOR'S SIGNATURE

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and and an analysis of the state of the stat	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled with	iar to burial, crematian, or remayal, and in any event within 72 hours offer death.	
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24 hours after death. Page 4

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	400	CERTIFIC	AIL OI DEAII		Reg. Dist. No.
	icomico	MARYLAND	o. State Marylan	b. COUNTY	Wlcomlco
b. CITY OR TOWN RURAL and give Sharp		c. LENGTH OF STAY IN 16 25 yrs.	c. CITY OR TOWN (IF o	utside carporate limits, write R	CURAL and give nearest tawn)
d. NAME OF HOSP OR INSTITUTION	Cemetery	reet address) St/	d. STREET ADDRESS Cemeter	y St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Maggie Fint	Middle Elizabeth	Lost Henry	4. DATE Man	/
S. SEX	White	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH NOV 13. 18	9. AGE (In years last birthday) 92 yrs.	Manths Days Haurs Min.
Housewi	rking life, even if refired)	Own Home		ar fareign country)	12. CITIZEN OF WHAT COUNTY
John D	unn		14. MOTHER'S MAIDEN N Ellen T		
15. WAS DECEASED EV [Yes, no, or unknown)	(ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17.	Mrs. Joseph	Mitchell Add	Sharptown, Mc
Canditians, if gave rise to cause (a), stating tying cause last	the under DUE TO	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	CALCUT A	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTION	VAS UNDERLYING   20b. G   CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature af injury in f	art t or Part II of item 18.)	YES NO
20c. TIME OF INJU Haur a. m. p. m.	10 W		LACE OF INJURY (Home, farm, actory, street, affice bldg., etc.		(Caunty) (State
21. I certify olive on	that I attended the dec	1 . /			Athor I lost saw the deceasing on the date stated abartasian
220. BURIAL, CREMATI BEMOVAL (Specify	ON, 226. DATE THEREOF 3-8-60	22c. NAME OF CEMETERY OF Firemens	OR CREMATORY	22d. LOCATION (City, town, of Sharptown	ar caunty) (State)
23. FUNERAL DIRECTO Smith		ADDRESS	m n Md DATE	BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

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4	MEDI	CAL EXAMINER	S CERTIF	FICATI	E OF D	EATH	Reg. Dist	No. (13	948
1. PLACE OF DEATH	Wicomico	MARYLAND	O. STATE		ere deceased li	ved. If Institu b. COUNT		ce before odm	
b. CITY OR TOWN (I and give nearest tow	If outside corporate limits, write RURA  Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR		utside corporat	e limits, write	RURAL and g	jive nearest to	own)
D.O.A.	Pen Gen Ho	in hospital, give street address)	d. STREET A		Homer	St		ON	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	LAWRENC	E WILLIAM	HILL	4	OF DEATH	MARC!		~ 1 2	Year 19 60
5. SEX Male	1 mm	MARRIED NEVER MARRIED X	8. DATE OF BIRTH Feb. 7	, 195	9. A	GE (In years st birthday)  yrs.	Months D	TEAR IF UNE	DER 24 HRS. Min.
10a. USUAL OCCUPATI during most of worki None	ON (Give kind of work done ng life, even if retired)	10b. KIND OF BUSINESS OR INDU-			r foreign country, Ma			J S A	COUNTRY
13. FATHER'S NAME W1111					Me 1. Bak	er			
15. WAS DECEASED EV (Yes, no, or unknown)	/ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	None		am W.	H111(	Father ryland		3 Home	er St
Conditions, if a gove rise to imme (o), stating the couse last.	underlying DUE TO (c)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	ALDISEASE CO	NDITION GIV	EN IN PART I	PERF	ORMED?
PART II. OT	USE WAS 20b. DES	SCRIBE HOW INJURY OCCURRED.	(Enter noture of inj	jury in Part 1	ar Port II af it	em 18.)		YES X	NO 🗌
20c. TIME OF INJU Hour a. m. p. m.		20d. INJURY OCCURRED 20e. PL While Not while at work of work	ACE OF INJURY (H	tome, farm, bldg., etc.)	20f. (City or t	own)	(Count	(y)	(State)
21, I certify t	hat I taak charge of its fram: Natural caus	the remains described ab	M.D. CHIEF M	amicide [	MINER D	ection X	-	DATE	find that signed
220. BURIAL, CREMATIC REMOVAL (Specify Burial	Mar.10,19			Park		lisbu:	ry, Mar		
HOLLOWAY	& COMPANY	SALISBURY MAR	YLAND		ay registrar		chun S. H	-	

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

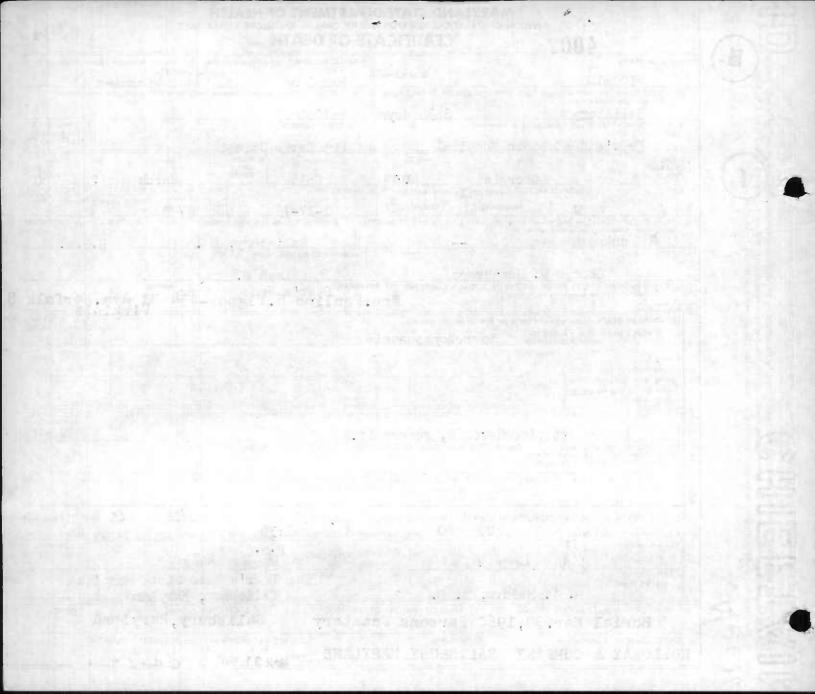
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	4007	ON OF STA	CERTIFICAL RESEARCH A			AORE 1, A	ARYLAND			113	949
PLACE OF DEATH O. COUNTY WICOM	TCO		MARYLAND	2. USUAL RESID o. STATE Mary]		ere deceased	lived. If institution b. COUNTY	on: Residen		admissio	n)
	f outside corporate limits corest town)	, write c.	LENGTH OF STAY IN 16		OWN (If or	utside corpor	ote limits, write R			est town)	
d. NAME OF HOSPITA	AL (If not in hospital, given		ress)	d. STREET AL	DDRESS	C 1				IS RESID	
3. NAME OF DECEASED (Type or print)	s Head Stat		Middle	Last		4. DATE OF DEATH	Mon		Day	Ye	ar
S. SEX	6. COLOR OR RACE	rgia  MARRIED  WIDOWED	Anna  Never married  Divorced	B. DATE OF BIRTH			9. AGE (In years lost birthdoy) Q 7 yrs.	IF UNDER Months			24 HRS Min.
Oa. USUAL OCCUPATIO during most of work	I VV	-	D OF BUSINESS OR INDU	STRY 11. BIRTHPLA	Salis	bury.	01'	12. CIT	IZEN OF V	VHAT CO	UNTRY
5. WAS DECEASED EVER Yes, no, or unknown) Unknown	George W. H. R IN U. S. ARMED FORCE (If yes, give war or dates of ser	ES? 16. SOC	eial security No. 17. II	NFORMANT Dee	Lea r's H	h E.	Gray Conds Add Cr-434		ve.N	lorf	olk
Conditions, if or gove rise to in couse (o), stoting the lying couse lost.	the <u>under-</u> DUE TO (c).		nchopneumoni						7	day	S
Sevi 20g. ACCIDENT WA OR CONTRIBUTING	ere Arterio	sclero	ITRIBUTING TO DEATH BUT SIS, GENERAL E HOW INJURY OCCURRE	ized	to K			EN IN PAR		PERFOR YES 🙀	WED?
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Year	20d. INJUI While of work	RY OCCURRED 20e. PL Not while for work	ACE OF INJURY (Foctory, street, office	lome, farm bldg., etc.	, 20f. (City	or town)	(	County)		(Stote
saw the deceas 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	L. V. Ma	3/28 Lll ldve,	M. D.	M.D. ATTENDING PHYS. 22d. ADDRE	p. p. Mil	M. fram M. RECTOR □ eer's alisbu	STAFF PHYS. No Head Starry, Mary	d an the	e date :	stated 22b.	e) las abave DATE SIGNE
REMOVE Specify			Parsons Co			Sali	sbury, M	aryl		(Stote	
HOLLOWAY		SAI	ADDRESS LISBURY MAI	RYLAND		BY REGIST		STRAR'S SI	GNATURE		

DATEMAR 31 '60

Cilling S. Krins

10 VR A15 (4) 15M 9/59



ADDRESS

M ryland

& Johnson Co. Salisbury,

03950 Reg. Dist. No. Wi comaco e. IS RESIDENCE ON A FARM? YES NO TO Day 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH

(County)

PERFORMED? NO Z

(State)

(Stote)

... 19 that I last saw the deceased DATE SIGNED

ADDRESS (Street, city or town, state) -Z/-1960

22d. LOCATION (City, town, or county)

Fort Wayne, Inda.

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE - . vinus & Thous.

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4) 15M 9/55

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	<u> </u>	Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY  JUBS EX
RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION 407 WINDER 5	Marie P. V. Say 11	d. STREET ADDRESS  RDYNR Shiloh Chuech  e. IS RESIDENCE ON A FARM? YES IN NO
3. NAME OF DECEASED (Type or print)	S. Joh	NON JEATH MARCH VO 1960
5. SEX 6. COLOR OR RACE 7. MARRIE		B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USU/L OCCUPATION (Give kind of work done during most of working life, even if retired)	and of Business or Indus	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  PENNSULVANIA  () SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME Mary Duffy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes. no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. 11  NONE  MK	INFORMANT Address ADDRIAN Richard Sen winder St JAMBBURYMd.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate couse (a), stoting the under- lying cause lost.  DUE TO  (b)  DUE TO  (c)	ision.	1. Husey with Deural
Z 200. ACCIDENT WAS UNDERLYING TO 20b. DESC		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO.
-	Not while fac	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
21. I certify that I ottended the decease olive on March 18 , 196.  ACTUAL SIGNATURE  PHYSICIAN'S	and that deoth	n occurred at 10 22 M, from the causes and on the date stoted above  ADDRESS (Street, city or town, stote)  DATE SIGNET  M.D. Pine 13 (2) (6)
PREMOVAL (Specify)  220. BURIAL, CREMATION, 226. DATE THEREOF  REMOVAL (Specify)  3/23/40	22c. NAME OF CEMETERY OF	DR CREMATORY 22d. LOCATION (City, 19wh, or county) (Stote)  U.S. C.E.M. HAUREL DE AWAYE
23. FUTUERAL DIRECTOR'S SIMPLATURE	ADDRESS	DATE MAR 2 4 '60 CALLAR S. FLORE

TO POSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with the hours after death. Page 4 modern cetoined by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NEVE		40	36	CERTI	IFIC.	ATE OF DE	ATH			Reg. D	ist. No		00,
RUAL and give neignest town)  d. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. STREET ADDRESS  Lost  ANN CORN FAMO  J. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. STREET ADDRESS  Lost  ANN CORN FAMO  J. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. NAME OF MOSPITAL (If not in boughist), give street oddress)  J. NAME OF MOSPITAL (If not in boughist), give in principle of give street of the give street o	1. PLACE OF DEATH a. COUNTY	Wicomi	.co	MAR	<b>YLAND</b>	a. STATE	-			with a			ian)
Tyskin  d. NAME OF DOSPITAL (If and in hospital, give street address)  J. NAME OF DOSPITAL (If and in hospital, give street address)  J. NAME OF DOCEASED (Type or pinn)  J. NAME OF DOCEASED (Type or pinn)  MARTHA  AND  AND  AND  MARTHA  AND  AND  MARTHA  AND  MOVER DE JOHN MARTHA  AND  MOVE DE JOHN MARTHA  AND  MOVE DE JOHN MARTHA  AND  MOVE DE JOHN MARTHA  MOVE DE			its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOV	VN (If or	utside corpor	ote limits, write I	RURAL and	give ne	orest tawr	1)
d. NAME OF HOSPITAL (If not in hospital, give street address)  3. NAME OF OCCASED  OR NATUTION  NAME OF OCCASED  NAME OF NAME  NAME OF OCCASED  NAME OF NOSPITAL MARRIED  NAME OF OCCASED  NAME OF NAME  NAME OF NOSPITAL MARRIED  NAME OF NAME  NAME OF NOSPITAL MARRIED  NAME OF NAME  NAME OF NAME NAME NAME OF NAME NAME NAME OF NAME NAME NAME NAME NAME NAME NAME NAME	7:79 -	1		Lifetime	е	X Tyas	skir	1					
(b) DIVERS NAME    10. USUAL OCCUPATION (Give kind of work done)   10. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY during most of working life, even if critical   13. AATHERS NAME   14. MOTHER'S MAIDEN NAME   13. AATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. AARKED FORCES?   16. SOCIAL SECURITY NO.   17. MINORMANT   18. CAUSE OF DEATH (Enter only one course per life figt (s), (b), (b), (d) (c).   18. CAUSE OF DEATH (Enter only one course per life figt (s), (b), (d), (d), (d), (d), (d), (d), (d), (d	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital,	give street	address)		d. STREET ADD	RESS						
The state of the s	DECEASED		irst					4. DATE OF DEATH			1	-,	0.0
DIVORCED   7/25/1874   85 yr.   85 yr.   85 yr.   106. USUAL OCCUPATION (Give kind of work done drome)   106. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote or foreign country)   12.CITIZEN OF WHAT COUNTRY Unemployed   12.CITIZEN OF WHAT COUNTRY Unemployed   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED VER IN U. S. ARMED FORCEST   16. SOCIAL SECURITY NO.   INFORMANT   Address   16. MOTHER'S MAIDEN NAME   16. MOTHER'S MAIDEN	S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	ED 🔲	8. DATE OF BIRTH			9. AGE (In years			-	
Unemployed   Maryland   U.S.      Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U.S.     Maryland   U	F	W	WIDOW	ED DIVORCE	D	7/25/187	74				Days	Haurs	Min.
13. FATHER'S NAME  WILLIAM H. Wainwright  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  NO. NO. INFORMANT  18. CAUSE OF DEATH [Enter only one couse per lim for Io], (b), and (c). INFORMANT  Address  PART I. DEATH WAS CAUSED 8Y. INMEDIATE CAUSE (e)  DUE TO  Conditions, if only, which gave rise to immediate couse [c], stoling the under lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PART II. OTHER SIGNIFICANT SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PART II. OTHER SIGNIFICANT MEDICAL EXAMINERS)  200. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT PART II. OTHER SIGNIFICANT MEDICAL EXAMINERS)  21. I certify that y attended the deceased from Not while the part of the part II. OTHER SIGNIFICANT CONDITION (City, Town, or county)  220. III NOT THE SIGNIFICANT CONDITION COUNTY SIGNIF	during mast of war	king life, even if retire	dane 10b.	KIND OF BUSINESS C	OR INDU			-	iuntry)	12. CI			OUNTRY?
S. WAS DECEASEDEYER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Address   MOTGAN KITWAN, TYASKIN, MATYLAND	- da	<i>y</i>					V	-					
S. WAS DECEASEDEYER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Address   MOTGAN KITWAN, TYASKIN, MATYLAND	William H	. Wainwri	ght			Georg	ia	Ann	Wilson	1			
18. CAUSE OF DEATH   Enter only one cause per live for (a), (b), and (c).	15. WAS DECEASED EVE	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	). T			42.0011					
18. CAUSE OF DEATH [Enter only one cause per live for (a), (b), rid (c).]  PART I. DEATH WAS CAUSED BY:  3 display the death of the part o	270	(If yes, give war or dates of	service)		M	organ Kir	rake r	Tiv:	askin	Mam	7 ler	6.0	
DUE TO  Canditians, if any, which gave rise ta immediate cause (a), stating the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING White Control of the control of th	18. CAUSE OF DE	ATH WAS CAUSED BY:	1	for (a), (b), Ad (c).		hour	rel	wes	e				TWEEN DEATH
gave rise to immediate couse (a), stating the under-lying cause last.    Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUDNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DO ACCIDENT WAS UNDERLYING DOOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While with a diwark of wark of w	331)							1		-			
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  20a. ACCIDENT WAS UNDERLYING   CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury) in Part I ar Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   While   Nat while   at wark   at work		the under-											
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark at war				CONTRIBUTING TO DE	ATH BU	NOT RELATED TO THE	ETERMIN CA	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(a)	PERFO	RMED?
21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  22. I certify that I attended the deceased fram.  23. I certify that I attended the deceased fram.  24. I certify that I attended the deceased fram.  25. I certify that I attended the deceased fram.  26. I certify that I attended the deceased fram.  27. I certify that I attended the deceased fram.  28. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I last saw the deceased fram.  29. I certify that I last saw the deceased fram.  29. I certify that I last saw the deceased fram.  20. I certify that I last saw the deceased fram.  20. I certify that I last saw the deceased fram.  20. I certify that I last saw the deceased fram.  20. I certify that I last saw the deceased fram.  20. I certify that I last saw the deceased fram.  20. I certify that I last saw the deceased fram.  21. I certify that I last saw the deceased fram.  220. Location (City, tawn, are county)  221. Location (City, tawn, are county)  222. Location (City, tawn, are county)  223. Europe frame		AS UNDERLYING DEATH	20b. DES	CRIBE HOW INJURY O	CCURRE	ED. (Enter nature of in	jury n P	art I ar Part	11 af item 18.)				
21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  22. I certify that I attended the deceased fram.  23. I certify that I attended the deceased fram.  24. I certify that I attended the deceased fram.  25. I certify that I attended the deceased fram.  26. I certify that I attended the deceased fram.  27. I certify that I attended the deceased fram.  28. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I attended the deceased fram.  29. I certify that I last saw the deceased fram.  29. I certify that I last saw the deceased fram.  29. I certify that I last saw the deceased fram.  20. I certify that I last saw the deceased fram.  20. I certify that I last saw the deceased fram.  20. I certify that I last saw the deceased fram.  20. I certify that I last saw the deceased fram.  20. I certify that I last saw the deceased fram.  20. I certify that I last saw the deceased fram.  21. I certify that I last saw the deceased fram.  220. Location (City, tawn, are county)  221. Location (City, tawn, are county)  222. Location (City, tawn, are county)  223. Europe frame	20c. TIME OF INJUI		While	Nat while	20e. Pi	ACE OF INJURY (Han actary, street, affice blo	ne, farm, dg., etc.	20f. (City	ar tawn)		(County)		(State)
alive an				er l	1	6.0	0	1	1.			-	and the
ACTUAL SIGNATURE ADDRESS (Street, city or towp, stote)  PHYSICIAN'S NAME (Type)  22a. BURIAL, CREMATION, REMOVAL (Specify)  BUT 1a1  3/3/60  BIVALVE Cem.  ADDRESS (Street, city or towp, stote)  3/24b. CREMATORY  TVASKIN, MARYLAND  24b. REGISTRAR'S SIGNATURE  ADDRESS  24c. REC'D 8Y REGISTRAR  24b. REGISTRAR'S SIGNATURE	21. I certify ti	hat y attended the	e deceas	sed fram.	1	19	0	71-1	60,19	that	ast sa	w the d	leceased
ACTUAL SIGNATURE ALLULY SULPHINGS M.D. SULPHINGS M.D. SIGNATURE ADDRESS  AME (Type)  22a. BURIAL, CREMATION, REMOVAL (Specify) 3/3/60  BIVALVE Cem.  22d. LOCATION (City, town, or county) (State)  Tyaskin Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24a. REC'D 87 REGISTRAR 24b. REGISTRAR'S SIGNATURE	alive an	1 -1100	19_	, and that	death	n accurred at					ne date		
22d. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)  BURIAL (Specify) 3/3/60 BIVALVE Cem. Tyaskin Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 24a. REC'D 87 REGISTRÂR'S SIGNATURE	ACTUAL SIGNATURE	welly/-	200	idillon		M.D. LA	lu	Hele	My Ch	state)	3	KIL	60
REMOVAL (Specify)  BUT1a1 3/3/60  Bivalve Cem.  Tyaskin Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D 87 REGISTRAR 24b. REGISTRAR'S SIGNATURE	PHYSICIAN'S NAME (Type)	(6		/		fa-					/		
Burial 13/3/60 Bivalve Cem. Tyaskin Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDR			OF	22c. NAME OF CEM	ETERY C	OR CREMATORY		22d. LOCAT	ION (City, tawn,	ar caunty)	)	(Stat	e)
MAD 7 160 Calling & Hand	Burial	13/3/60		Bivalve	C	em.		Tyas					
	23. FUNERAL DIRECTOR	To ASCENT	. Bi		יזיי פ								

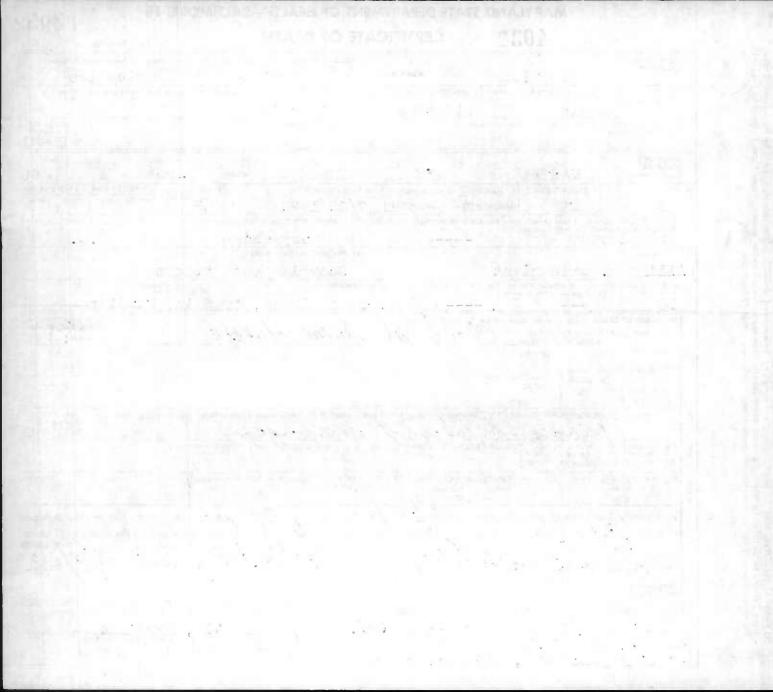
may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to buriol, crematian, or removal, and in any event within 72 hours affer death. VS A1S (4) 1SM 9/S8

ITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with

Poge 4

4 hours after death.



7.	B.B.
TO PUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If delay is necessary, please executed withing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the corrificate, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the corried director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.  TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	or removal.
	1 1 1 1 1

5M 9/55

	MARYLAND STATE DEPARTME	S CERTIFICATE OF DEATH Reg. Dist. No. (13953)
	PLACE OF DEATH WI COWICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  a. STATE M d b. COUNTY W (Com (Co
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give searest lown)  Tyze Kin	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Barnetta Lee Lz	Last 4. DATE Month Day Year OF DEATH 3 1/ 1960
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED	3-2-63  9. AGE In years lest birthday) Months Days Hours Min.
	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME DIEKEYSON	14, MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, non-or-funknown)  If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO. 17. III	NFORMANT 92+ L32942/BULLE, MJ,
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Jewouling Interval Between ONSET AND SECTION
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO	mie C. V. Priserse your
	couse lost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	inter nature of injury in Port I or Port II of item 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described abordeath resulted from: Natural causes . Accident . Suid	ve, held an Autopsy [], <u>Inspection []</u> , <u>Inquiry []</u> , and find tha cide [], Homicide [], Undetermined cause [].
	ACTUAL ENEL R	_M.D. CHIEF MEDICAL EXAMINER
1	EXAMINER'S EXVIL QOTEV	ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   3-11-60
	220. BURIAL, CREMATION. PARENCE THEREOF 22C. NAME OF CEMETERY OF THE PROPERTY	CREMATORY 22d. LOCATION (City, lown, or county) (Slote)
	3 FUNERAL DIRECTOR'S SIGNATURE BIV 2/10, MJ	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE MAR 1 5 '60 Calling & House

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The state of the			

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 4000

Rea. Dist. No.

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A STATE OF THE PARTY OF THE PAR	N		
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			Air

	_	7(1)9	Reg. Dist. No.
		PLACE OF DEATH O. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY WICOMICO
	ŀ	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  / 2 Salisbury
082	_	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Pen Gen Hospital	d STREET ADDRESS 622 Dover St 622 Dover St 622 Dover St
	3.	NAME OF First Middle  Type or print)  NAME OF First Middle  HERMAN	LAYTON  4. DATE Month Doy 23rd 19 60
	5. 5	Male White WIDOWED DIVORCED	B. DATE OF BIRTH  July 9, 1887  9. AGE (In yeors lost buthdoy) 72 yrs.  IF UNDER 1 YEAR IF UNDER 24 HR  Months Pays Hours Min.
	F	. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired a state Roads I state Roads I	Dept. Pittsville, Md USA
		William Thomas Layton	14. MOTHER'S MAIDEN NAME Annie Elizabeth Farlow
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  (If yes, give war or dates of service)	NFORMANI S. Amanda E. Layton (Wife) 622 Dover St Salisbury, Maryland
		1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	cul Heart Desease Common
	Z	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  (b)  DUE TO  (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
0	CERTIFICATION		PERFORMED? YES NO [ D. (Enter noture of injury in Port I or Port II of item 1B.)
	MEDICAL CER	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Hour o. m.  p. m.  19  20b. DESCRIBE HOW INJURY OCCURRED While of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stot ctory, street, office bldg., etc.)
			2 , 19.53, ta Mar. 23 , 1960, that I last saw the decease accurred at 6:50 M, fram the causes and on the date stated above ADDRESS (Street, city or town, stote)  DATE SIGNI
1		PHYSICIAN'S Dr. Wilber R. Ellis Jr	Medical Center Salisbury, Marylan
31	220	Burial, CREMATION, 22b. DATE THEREOF Burial Mar. 25,1960 Bethel Cemetery of Burial Mar. 25,1960	R CREMATORY 22d. LOCATION (City, town, or county) (Stote) etery-Walston-R.D.Parsonsburg, Md.
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

walryd in a like of the control of t 1 . 1 - Thomse Leyton sorted little beach - 11 . 1 A divisor of the language of t Market and the property of the second of the second of serious algebras with the serious of the serious to the serious serious terms of the serious s AND CONTROL OF THE PARTY OF THE 

10 VS A15 (4)

15M 9/SB

DATE

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e. IS RESIDENCE

ON A FARM?

YES NO T

Year

19

Rea. Dist. No.

Months

Dorchester

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

INTERVAL BETWEEN

ONSET AND DEATH

Weeks

WAS AUTOPSY PERFORMED?

YES A NO

(County)

(State)

DATE SIGNED

(State)

celund, Market Andrews Telephone Deservation Saufre's remistful

ADDRESS

03956

. IS RESIDENCE

YES NO

Year

19

Min.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH HOURS

YES PA

(County)

Inquiry [7]

24b. REGISTRAR'S SIGNATURE Silver A. Trans

22d. (OCATION_City, town, or county)

24a. REC'D BY REGISTRAR

DATE

PERFORMED?

and find that

DATE SIGNED

(State)

NO

(Stote)

ON A FARM?

Reg. Dist. No

Wicomico

Day

VS. A15ME(5) SM 9/55

EMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

			Lister H	
T.PA				
		- Traons		
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		THE RESERVE OF THE PARTY OF THE		

03957

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24 haurs ofter deoth; Page 4

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral directar page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

VS A15 (4) 15M 9/SS

Ä.

				Keg. D	157. NO.
1, PLACE OF DEATH o, COUNTY		2. USUAL RESIDENCE (W		If institution, Reside	nce before admission)
Wicomico	MARYLAND	Maryland		Wilcomico	Dorchester \
<ul> <li>CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li		give nearest town)
Salisbury	28 Yrs.	/ Sa/1/s	sphilety CE	mbridge	09/3.2
d NAME OF HOSPITAL III not in hornital give street	et oddress)	d. STREET ADDRESS	300 Bely	idere Ave	IS RESIDENCE ON A FARM?
John B. Parsons Home		/Johns/E	y. Parsons		YES NO
3. NAME OF First DECEASED (Type or print)	Middle TOUTSE	Lost MEEKTNS	4. DATE OF DEATH	Month	Day Year
	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AC	E (In years IF UNDE	R TYEAR IF UNDER 24 HRS.
77 7 177.11	WED TO DIVORCED	Oct. 5,1868	9	birthdoy) Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CI	TIZEN OF WHAT COUNTRY
during most of working life, even if retired) Ret. Nurse	Nurse	Maryland	d		U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Joseph Pfister		Carrie Nos	ah		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. 1	NFORMANT		Address	
NO (If yes, give wor or dates of service)	None J	ohnBo Parson	s Home Re	cords. Sam	e
18. CAUSE OF DEATH [Enter only one couse per	(he for (o), (b), and (c).)	1	- /-		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d)	redes vaseu	las rena	l Lese	ere	ONSEI AND DEATH
442 Y DUE TO					
Conditions, if ony, which ) (b)					
gove rise to immediate					
lying couse lost.					
	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVEN IN PA	RT 1(o) 19. WAS AUTOPSY
VI V					PERFORMED?
20g. ACCIDENT WAS LINDERLYING D. 20b. D.	ESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Port I or Port II of	item 18.)	113 110 110
PART II. OTHER SIGNIFICANT CONDITIONS  20g. ACCIDENT WAS UNDERLYING   20b. DE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	EDENIDE HOW HIJORY OCCORNE	b. (Ellier horoto of injury in	, , , , , , , , , , , , , , , , , , , ,		
3 20c. TIME OF INJURY Month, Day, Year 20d.		ACE OF INJURY (Home, for		vn)	(County) (Stote)
20c. TIME OF INJURY Month, Day, Year 20d. Hour e. m. While of w. m.	le Not while for	ctory, street, office bldg., et	c.)		
	<u> </u>	10 [0]	2 -	/	
21. I certify that I attended the deced	/	19-10, to			last saw the deceased
alive an 19	and that death	accurred at/9,30			the date stated above
ACTUAL ACTUAL	× 1.	Sali ah	ADDRESS (Street, o		3-7-1960
SIGNATURE TEETING	Justy	M.D. Dall SD	ury, M ry	renk	9-7-1700
PHYSICIAN'S Dr. Philip A.	Insley East Ma	in St., Sali	sbury, M	ryland	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	City, town, or county)	(Stote)
Burial 3-8-1960	Cambridge Cer	netery		ge, Maryla	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC	D BY REGISTRAR	24b. REGISTRAR'S S	
Hill & Johnson Co. Salis	shury, Maryland	DATEMA	R 9 '60	Orthun S.	Traus

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4039 CERTIFICATE OF DEATH

(1395)

	2000					Keg. Dist. 140	).
1. PLACE OF DEATH o. COUNTY	Wicomico	MARYL	II O STATE	Marylar	reased lived. If institut  b. COUNTY		ore odmission)
b. CITY OR TOWN (RURAL and give	(If outside corporate limits, we nearest town) Delmar	c. LENGTH OF STAY I	N 16 c. CITY OR 1		(Rural)	URAL ond give ne	arest town)
d. NAME OF HOSE OR INSTITUTION	R.D.# 3	reet address)	/ d. STREET A	R.D.#	3		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	LYDIA	Middle FRANC	CES MII				Yeor 1 1960
5. SEX Female	White win	MARRIED NEVER MARRIES OWED DIVORCED	Jan. 8	3, 1878	9. AGE (In years last birthday) 82 yrs.	Morphs Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPAT during most of we House	TION (Give kind of work done orking life, even if retired) WORK	106. KIND OF BUSINESS OR None			ign country) Co. Maryl		OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
Charle	es Hatton		Marth	Ellen	Kennerly	SALD RE	
IS. WAS DECEASED EN (Yes. no, or unknown)	VER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mr. Talbot	F. M1]	lls(Son)	Spring	Hill Rd
Conditions, if gove rise to cause (o), statin lying cause lost	g the under-	Orteriose	les ofic	lies	rtdis	ease.	o gen
[Z]	OTHER SIGNIFICANT CONDITION  VAS UNDERLYING	DESCRIBE HOW INJURY OC				/EN IN PART 1(o)	PERFORMED? YES NO X
\$ 20c. TIME OF INJU	JRY Month, Day, Year 20	Dd. INJURY OCCURRED	20e. PLACE OF INJURY (I	Home, form, 20f.	374343	(County)	) (State)
Hour o.m.	10	hile Not while work of work	foctory, street, office	olog., etc.)			
ACTUAL SIGNATURE	AUSO	leve, and that a	M.D	ADDRES	from the causes of (Street, city or town,	and on the da	DATE SIGNE
NAME (Type)	Dr.L.V.Sohle	22c. NAME OF CEMEN		22d. Le	pland OCATION (City, town,	-	(State)
			Jemetery			ryland	
23. FUNERAL DIRECTO	& COMPANY	SALISBURY I	MARYTAND	24a. REC'D BY RE	4 100	STRAR'S SIGNATU	
HOTTOWAT	& COLL WINT	DUTITION OUT I	TWITTIME	DATE MAIN 4	1 00	irilary & the	alle

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		Maria Elocation and Inches

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4013 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) o. COUNTY Wicomica b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Deneva NAME OF Middle 4. DATE Month (Type or print) DEATH 5. SEX 6. COLOR OB-RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR last birthday) Months WIDOWED Z DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND, OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Pages age 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address File 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Scherosis Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS Y 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) foctory, street, office bldg., etc.) Chief Medicol Not while o. m. of work of work p. m. forworded to the Chief Medi-TO FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 14. Inquiry , and find that deoth resulted fram: Natural couses . Accident . Suicide . Homicide . Undetermined couse ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION, 22b. DATE THEREOF 22d., LOCATION (City, town, or county)

03960

. IS RESIDENCE ON A FARM?

YES NO

Year

IF UNDER 24 HRS.

INTERVAL BETWEEN

12 1

PERFORMED? NO W

DATE SIGNED

3-17-60

24b. REGISTRAR'S SIGNATURE

William & Kraue

240. REC'D BY REGISTRAR

(Stote)

1960

Day

VS. A15ME(5) 5M 9/55

WUNERAL DIRECTOR'S SIGNATURE

	CENTRE OF DEATH	
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	MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH-B.	ALTIMORE, 18
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03961

	4014	CERTIFICA	ATE OF DEATH		Reg. Dist. No.			
1.	PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where	deceased lived. If institution b. COUNTY		1.2		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi	de corporote limits, writ	RURAL ond give neo	rest town)		
	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	address)	d. STREET ADDRESS	Oel an	e l'	IS RESIDENCE ON A FARM? YES NO		
3.	NAME OF DECEASED (Type or print)	Middle	nopp 1951		Aonth Day	Year 19 66		
5.	Male 6. COLOR OR RACE 7 MARR WIDOWE	D DIVORCED	8. DATE OF BIRTH 2 - 11 - 8 2	9. AGE (In year last birthda	ors IF UNDER 1 YEAR	Hours Min.		
10	a. USUAL OCCUPATION (Give kind of work done 10b.  during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF	WHAT COUNTRY?		
13	Herose make		14. MOTHER'S MAIDEN NAM	le Ma	16. ?			
	(as, no, or unknown) (If yes, give war ar dates of service)	50CIAL SECURITY NO. 10-10-29	Tertilla "	onepp.	ddress			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying cause lost.	e for (o), (b), and (c).]	y Thro	nbosi	INTE	RVAL BETWEEN ET AND DEATH		
NOITA		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION	GIVEN IN PART 1(0) 15	P. WAS AUTOPSY PERFORMED? YES NO		
CEPTIFICATION		RISE HOW INJURY OCCURRE	D. (Enter nature of injury in Port	I or Port II of item 18.)				
MEDICAL	Coc. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 While at wark	Not while of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)		
	21. I certify that t attended the decease alive an	ed from.	Afr. 19 10 5	from the causes	_,that I last saw			
	ACTUAL SIGNATURE	ell	M.D. 657	DRESS (Syfreet, city or to	vn, stotel	DATE SIGNED		
	PHYSICIAN'S RAPUS	NEI , 1	1) Salu	tury,	my	7000		
1	REMOVAL (Specify) 3-10-60	22c. NAME OF CEMETERY C	reres Com	d. LOCATION (Gity) tow	my )	(Stote)		
23	1. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D B		Cally S. Kra			

VS A1S (4) 15M 9/SB

VS A1S (4) 1SM 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

03962 Rea. Dist. No.

	4015 CERTIFIC	CATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Mary land. COUNTY Somerset
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL (I) (not in hospital, give street address) OR INSTITUTION	c. CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town)  Vestover  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Henry J.  S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	Last A. DATE Month Day Yeor OF DEATH MOCh 16 1960  B. DATE OF BIRTH 9. AGE (in yeors IF UNDER 1 YEAR IF UNDER 24 HRS
	Male White WIDOWED DIVORCED DI CONTRE DI C	Nov. 10, 1873   State birthdoy)   Months   Days   Hours   Min.    Nov. 10, 1873   State birthdoy)   Months   Days   Hours   Min.    12. CITIZEN OF WHATCOUNTRYS   Control of the control o
	1B. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ay terroscoleration  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.  (c)	Heart Dissuse with acute Interval Between onset and Death String Failure
2	Enteritis with Acute (	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO   RED. (Enter noture of injury in Port I or Port II of item 1B.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work at work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City ar tawn) (County) (State
	21. I certify that I attended the deceased fram Jelius alive an February 26, 1960, and that dea ACTUAL SIGNATURE Thomas C. Helf, Jensey 1990 (Type)	th accurred at 732M, from the causes and an the date stated abave  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. Solishury Md
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY ST. Andre	ews Cemeter Princess Anne, Md.
	Leven R. Wilson, Princes and	240. REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATMAR 2 1 '60 Colling & House

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BA

**CERTIFICATE OF DEATH** 

ZOTE

OF HEALTH	03060
LTIMORE 1, MARYLAND	-03963
	., 0

			2.3									
) !	LIT COMT			MARYL	LAND	2. USUAL RESIDENCE (W		d lived. If institution b. COUNTY			. /	
1	Wicomico	autside carporate lim	its, write	c. LENGTH OF STAY I	N 16	Maryland Queen Anne's  c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)						
	RURAL and give ne		-			17X	2					
-	Salisbur	X AL (If nat in haspital, s	nive street	31 day	VS.	d. STREET ADDRESS	sterto	wn (R.F.I	)。 # <u> </u>	1/1	RESIDENCE	
	OR INSTITUTION	AL (IT hat in naspital, §	live street	oddress)		G. SIKEET ADDRESS				C	N A FARM?	
	Deer's H	ead State	Hospi	tal				- 444.0		YE	S NO NO	
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Man	th	Day	Year	
	(Type ar print)	Ann	a	Rebeco	ca	Nickerson	DEATH	3		24	19 60	
1. 5	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D	B. DATE OF BIRTH		9. AGE (In years			JNDER 24 HRS.	
/	F	C	WIDOWE	DIVORCED		11-27-85		last birthday) 7 yrs.	Manths [	Days Ho	ours Min.	
10a	. USUAL OCCUPATIO	N (Give kind af wark	dane 10b.	KIND OF BUSINESS OF	R INDU	STRY 11. BIRTHPLACE (State	ar fareign c	17	12.CITIZ	EN OF WH	IAT COUNTRY?	
	during mast af work	ing life, even if retired Housewife	1)							II C		
12		TOUSENTLE			-	Maryla:				0.5	.A.	
13.	FATHER'S NAME					14. MOTHER S MAIDEN	NAME					
	Fran	k Tower						s Touck				
15. (Yes	WAS DECEASED EVEL	R IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.	17, IN	NFORMANT Deer's	Head !	RecordsAdd	ess			
	unknown	,, you, give not or outer or		NONE								
		TH [Enter anly ane co	ouse per lie	ne far (a), (b), and (c).]							AL BETWEEN	
	PART I. DEATH WAS CAUSED BY:									ONSET	AND DEATH	
100	11//	IMMEDIATE CAUSE (a) PULMONARY EMPOLISM										
	465		)									
	Canditions, if a		)							-		
	gave rise to it cause (a), stating									1		
	lying cause last.		=)									
Z	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. W	VAS AUTOPSY	
AT		PERFORMED?										
IFIC	Cerebral thrombosis due to arteriosclerosis  Ob. Describe How Injury Occurred. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH											
L CERTIFICATION	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
CA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State)											
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m.  P. m.  19 at wark												
		A /IV /AL:- L:A	11 44		t	2-22 19	60 1-	2 21.	10 6	O 45-4	(1) ( -) ( .	
			3-2	led the deceased								
	saw the deceas	ed alive an		190, and	that c	death accurred at	_	the causes an	d an the	date sto		
	22a. SIGNATURE	Vijue	rue	au.			AED.			3	226. DATE 3-24-60	
	22c. PHYSICIAN'S		-		1.97	22d. ADDRESS D	eer's	Head Stat	e Hos	pit al	The second	
	NAME (Type)	V. Jue	rman	M. D.				ry. Md.				
230	BURIAL CREMATIO			23c. NAME OF CEME	TERY			TION (City, town,	as county)		(State)	
200	TREMAYAL (Specify)	3/27/60				Hall Cem.		Church H	Hill	20.00	d	
0.	CHANGE OF THE COLOR	1	7		9-2				STRAR'S SIG			
24.	FUNERAL DIRECTOR	SIGNATURE		Chester	t.OTAL	250. REC	TAR 2 8		lithur &		11.70	
/	Unnell	1 Wall	y	CITEDOET	00 44	DATE			Armin D.	/ / /		

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH R.

8 (13964) Rog. Dist. No.

Wicomico  b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  106 Jenkins Lane  MARYLAND  C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Salisbury  d. STREET ADDRESS  106 Jenkins Lane  106 Jenkins Lane  107 Jenkins Lane  3. NAME OF DECEASED (Type or print)  Type or print)  Herman  Parsons  DEATH  3-21-60  19	
Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  106 Jenkins Lane  3. NAME OF DECEASED (Type or print)  Herman  Parsons  A Salisbury  d. STREET ADDRESS  106 Jenkins Lane  106 Jenkins Lane  4. DATE Month Day Year OF DECEASED (Type or print)  DEATH 3-21-60  19	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  106 Jenkins Lane  106 Jenkins Lane  106 Jenkins Lane  107 Jenkins Lane  108 Jenkins Lane  109 Jenkins Lane  109 Jenkins Lane  100 Jenkins Lane	
106 Jenkins Lane 106 Jenkins Lane YES No. 106	
106 Jenkins Lane   106 Jenkins Lane   YES   106 Jenkins Lane   YES   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107   107	ARM?
OFCEASED (Type or print) Herman Parsons DEATH 3-21-60 19	_
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Mi	
M C WIDOWED DIVORCED 7- 10-10 4950: yrs. Mollins Days House Mi	п.
10a. USUAL OCCUPATION (Give kind of work done done done done during most of working life, even if retired)  11. BIRTHPLACE (State or foreign country)  Uscumia  12. CITIZEN OF WHAT COUNTRY  Uscumia	JNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	-
Magnie 1-beett -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unknown) (If yes, give wor or dates of service). None - Emme Jaroons	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
PART 1. DEATH WAS CAUSED BY: OCO DAYY OCCUSION	
3000	<u> </u>
420, DUE TO	
Conditions, if any, which (b) gave rise to immediate cause	
(a), stating the underlying DUE TO	
cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT	OPSY D?
YES N	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS CAUSE OF DEATH.	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)	itate)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or tawn) (Caunty)  While Not while of work at work at work	
21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection & Inquiry & and find	t that
death resulted fram: Natural causes by Accident , Suicide , Hamicide , Undetermined cause .	
The state of the s	
ACTUAL CHIEF MEDICAL EXAMINER TO DATE SIGN	ED
M.U.	
ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER	
NAME (Type) Farl L. Royer, M.D. DEPUTY MEDICAL EXAMINER 3-25-60	
220. BURIAL CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. SOCATION (City, town, or county) (State)	1
Devid 3- 25-60 Plass Hell Chu Porsons wing ma	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR 246. REGISTRAR'S SIGNATURE	
DATE MARIE DATE	

VS. A15ME(5) 5M 9/55

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	HITAGO RO LERTHRICATE CERTIFICATE OF DEATH
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tert.	

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Note: Note: 1			ni gastuita 50 au. Lessannis	
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		and Spirit with the second		

PLACE OF DEATH					2. USUAL RESIDENCE (	Where decease	ed lived. If institu		before admission)
	Wicomico		М	ARYLAND	Mary	band	B. COUNT	Wicon	nico
b. CITY OR TOWN (If and give neares) loven)	autside corporate limits, write	RURAL	c. LENGTH OF S	TAY IN 1b	c. CITY OR TOWN	If outside corp	orote limits, write	RURAL and give	e nearest town)
541	36 ULY		10.0.	19-	IX Tyzz	Kin			
d. NAME OF HOSPITA	L OR INSTITUTION (	f not in hosp	sitol, give street od	Idress)	d. STREET ADDRESS		Dept. Cont.		e. IS RESIDENCE
T.	Route # 1				Route	# 7			YES NO
. NAME OF	Fir	ıt	Middle		Last	4. DATE	Montl	n Di	ay Year
(Type or print)	Bru		Dia	hard		OF DEATH	2	7.0	19 60
SEX	6. COLOR OR RACE					'	9. AGE  in years	IF UNDER TYE	AR IF UNDER 24 HR
2.0	~	WIDOWED			11/9 2/5	-9	lost birthday}	Months Days	Hours Min.
W USUAL OCCUPATION	N (Give hind of work)			Carrie I	Y 17. BIRTHPLACE (Stote	or foreign or	yrs.	12 CITIZENI	OF WHAT COUNTR
during most of working	life, even if retired)	30110	01 003/11/230	OK 1100311	MIZ	1./7	)	7/	OF WHAT COUNTR
3. FATHER'S NAME					14. MOTHER'S MAIDEN	X/ dy	d	10.	0 -
0 1	2 D:	6-	1-00		14. MOTHER'S MONDER	IN/A/ME	1	-	
-Enni	3 116	Jar	470.L	)	1461	en ·	Jone	J	
5. WAS DECEASED EVE	(If yes, give war or dates of		OCIAL SECURITY	NO. 17. IN	FORMANT	Ť	Address	. h	1/1/1
					telen c	10m B	5,14	23/11	nilla.
18. CAUSE OF DEAT	H [Enter only one cau	se per line f	or (o), (b), ond (c).	.]			1 2	11/0	HTERVAL BETWEEN
	H WAS CAUSED BY:	F	Broncho-	-pneu	monia				2 days
14013	DUE TO								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Conditions, if an	a subtable								
gove rise to immed	iole couse								
(o), stoting the u									
	(c)		NITRIBUTING TO D	EATH BUT N	OT RELATED TO THE TERM	UNIAL DISEASE	CONDITION	PALIAL BARY 1	Na was umprev
PART II. OTH  200. EXTERNAL CAU PRIMARY EI or CON CAUSE OF DEATH.	EK SIGINIFICANT CON	DITIONS <u>CO</u>	ININDUINO IO D	EAIN BUIN	OI KEDATED TO THE TERM	IINAL DISEASE	CONDITION GIV	EN IN FARE ILO	PERFORMED?
									YES X NO
PRIMARY EL OF CON	SE WAS	b. DESCRIBE	HOW INJURY OC	CURRED. (E	nter nature of injury in Po	rt I or Port II o	of item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea		NJURY OCCURRED		E OF INJURY (Home, for		or town)	(County)	(Stote)
Hour o.m.	19	While of wor	k Ot work		ry, siredi, dilico diagi, cii	"			
	at I toak charge	of the re	emains descri	bed abay	re, held an Autap	sv XI. In	spection A.	Inquiry	and find the
	from: Natural	-			ide . Hamicid		determined o		
dealli resolica	R	0	, recident		ide [], Haimeld	е <u>П</u> , оп	iderer illined	.dose	
ACTUAL	a li	V		/	CUIET MEDICAL E	V			DATE SIGNED
SIGNATURE		1 1	X		M.D. CHIEF MEDICAL E				
EXAMINER'S			0		ASSISTANT MEDIC		_	/-	
NAME (Type)	Carl L. R	oyer,	M.D.		DEPUTY MEDICAL	EXAMINER [	IX 3-	-11-60	
20. BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREC	F	22c. NAME OF CE	METERY OR	CREMATORY	22d. LOCAT	ION (City, town,	or county)	(Slote)
BUYBI	13/11/6	0	Hezd o	+Cx	eek (em.	( Ca Va	Entres	PL	-
3. FUNERAL DIRECTOR	SIGNATURE !	7	ADDRESS	11		D BY REGISTE		TRAR'S SIGNA	TURE
MITIVI	esser	. /3//	KL/110,	177	DATE	AR 15'6	U an	Thung S. the	

VS. ATSME(S) SM 9/55

or removal.

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EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior if party, cyemation.

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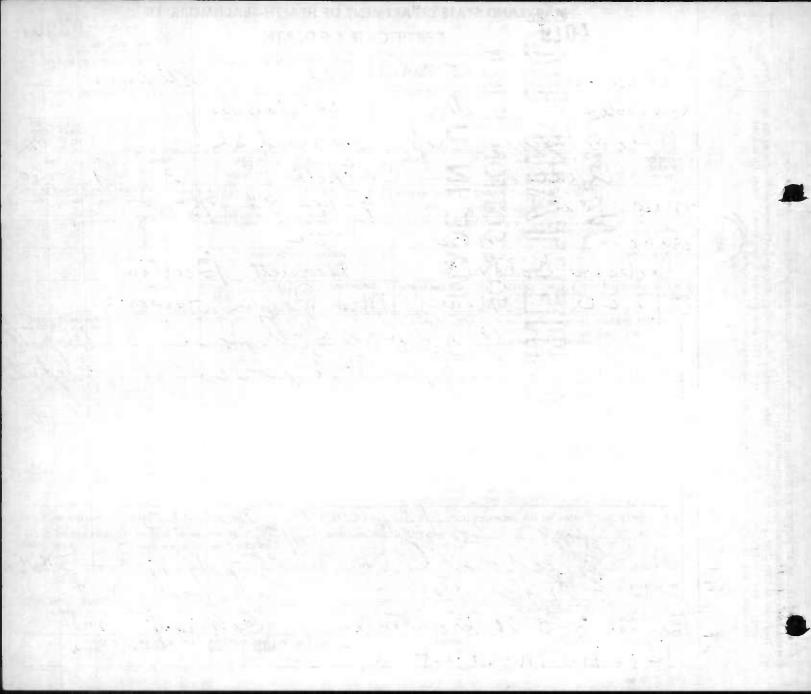
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4019

**CERTIFICATE OF DEATH** 

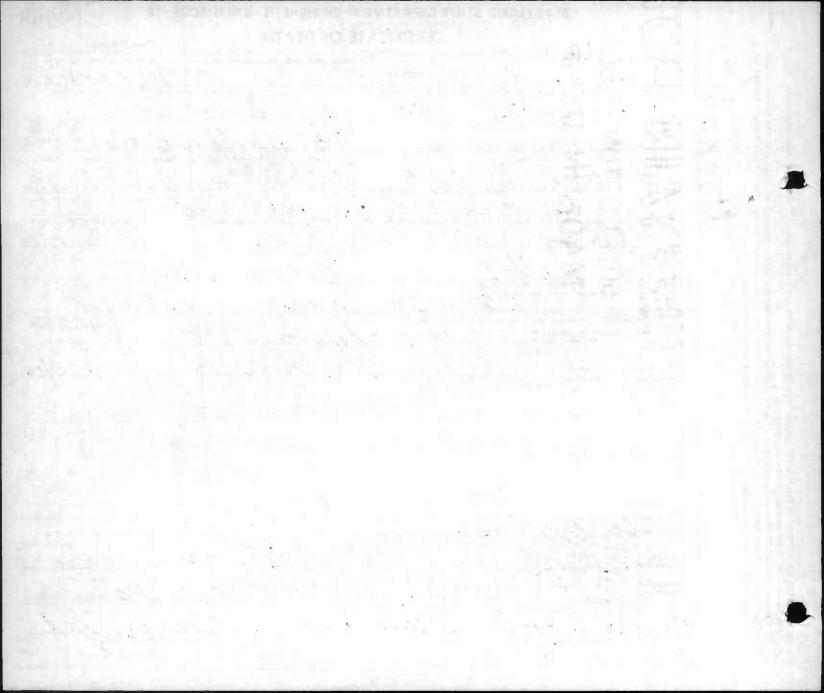
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-	
1	1. PLACE OF DEATH O. COUNTY  MARTLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY  B. COUNTY  D. COUN
1	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
2	d. NAME OF HOSPITAL (If not In hospital, give street oddress)  OR INSTITUTION  LEW LASP 219 broad A PARM?  YES NO
	3. NAME OF DECEASED (Type or print) William Satchell 4. DATE OF DEATH 3 1 1960
	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED 9-19-84  9. AGE (In years last birthday)  Months Days Hours Min.
1	10a. UBUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)  Labor  12. CITIZEN OF WHAT COUNTRY?
1	13. FATNER'S NAME Solchell Harriett Burton
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Principle War or dates of services None Mrs. Principle Paisons.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse lost.  (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \text{NO} \) NO \( \text{NO} \)
	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 While Not while at work of otwark 19 of wark 19 Not work 19
	21. I certify that I attended the deceased fram. 19. 4 to
	ACTUAL SIGNATURE SUMMER SIGNATURE SIGNATURE SIGNATURE SIGNATURE
	PHYSICIAN'S NAME (Type) F HANNELL Salsofresy MA
	220. BURIAL, CREMATION, 221. DATE THEREOF 220, NAME OF CEMETERY OR CREMATORY Solishus ms. (State)
	23. FUNERA DIRECTOR'S SIGNATURE  ADDRESS  246. RECTOR'S SIGNATURE  DATE  DATE



	Item I Film G260 1/11	/60 1h	00300
	CERTIFICA	ATE OF DEATH	Reg. Dist. No.
1.	PLACE OF DEATH 2020  O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE	d. If institution: Residence before admission) b. COUNTY
دا	b. CITY Of TOWN (If outside corporate limits, write RIRAL and give negrest town)  All Library MA  WA	12 plisteur	mits, write RURAL and give nearest town)
	or NAME OF HOSPITAL (If not in vospital, give street address) OR INSTITUTION 715 West Over Drive, Private flome	705 West Address	LE SESIDENCE ON A FARM? YES NO DE
L	NAME OF DECEASED (Type or print) HAR VCY COOK	Se / by 4. DATE OF DEATH	Month Day Year  3 20 19 60  GF (In years   IF UNDER 1 YEAR) IF UNDER 24 HRS.
L	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Feb. 1866 3	Hours Min.
	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	1 Nel	12. CUIZEN OF WHAT COUNTRY?
	Theres NAME Selly	Mary (	West
1S (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of serving) 220-10-9886	herdone	Selly
7	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last.  DUE TO  (c)	leosis. Sclenosi	INTERVAL BETWEEN ONSET AND DEATH
IFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED	O. (Enter nature of injury in Part I or Port II of	PERFORMED? YES NO
L CERT	OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 Of wark 19 Of wark 20d. INJURY OCCURRED While Not while of wark 19	ACE OF INJURY (Hame, farm, 20f. (City or to clory, street, office bldg., etc.)	(Caunty) (Stote)
	21. I certify that I attended the deceased from 19 00, and that death		causes and an the date stated abave.  DATE SIGNED
	SIGNATURE  PHYSICIAN'S NAME (Type)  PHYSICIAN'S NAME (Type)	Salisasi	1 may 60
22	BURIAL, CREMATION 22b. DATE THEREON 22c. NAME OF CEMPTERY COMMON ALL SPECIFY 3-24-60 LILLI	OR CREMATIONY 22d. LOGATION	(City, town, or county) (State)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D 8Y REGISTRAR	24b. REGISTRARYS SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4021
CERTIFICATE OF DEATH

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Little of the second se	CERTIFICA	AIE OF DEATH	Reg. I	Dist. No.
1. PLACE OF DEATH . o. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	h COUNTY	ence before admission)
b. CITY OR TOWN (If outside carporate limits, wring RURAL and give nearest tawn) Salisbury	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpor		d give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give steep or INSTITUTION PENINSULAN GENERAL	Hospital	/d. STREET ADDRESS R.D.# 1		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) LUCY	CINDY	hockley 4. DATE OF DEATH	March.	Day Year 22 1960
Female White wide		8. DATE OF BIRTH / May 18, 1882	77 yrs. 9	ER 1 YEAR IF UNDER 24 HRS.
Oc. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) House Work	0b. KIND OF BUSINESS OR INDU  None	Wicomico Co. M		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	am	(Unk)-	Foskey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Norman P. Shock Parsonsburg,	ley(Sốn)R. Maryland	D.#
18. CAUSE OF DEATH [Enter only one couse po	er line far (a), (b), and (c).]			INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Lest Low	Lobe preumon	ia with	ONSE! AND DEATH
491X DUE TO				48 hour
Canditians, if ony, which (b)	different K	ight bronchop	namonia	10 nour
cause (a), stating the under-				
Z PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PA	APT 1(a) 19 WAS AUTOPSY
Severe se	neulized a	Heir Silerosis	L COMMINGNON CONTRACTOR	PERFORMED?
20g. ACCIDENT WAS UNDERLYING 1 20b.	DESCRIBE HOW HUJURY OCCURRE	D. (Enter nature of injury in Port I or Por	t II of item 18.)	1 12 80 110
Hour o.m.		ACE OF INJURY (Home, farm, 20f. (Cit- ctary, street, office bldg., etc.)	y or town)	(County) (Stote)
21. I certify that I attended the dec	eased from 22 m A	RC41960, 10 clent	5 19 that I	last saw the deceased
alive on 22 MARCH, 1				
17117	1111		treet, city or town, state)	DATE SIGNED
ACTUAL SIGNATURE	Meurs	M.D. ,		23 m 1029
	Adkins	Fruitland,	Maryland	23 Mar. 60
220. BURIAL, CREMATION, REMOVAL (Specify) Mar. 26, 196	22c. NAME OF CEMETERY OF Parsonsburg		TION (City, tawn, or county	ryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D 8Y REGIS		
HOLLOWAY & COMPANY	SALISBURY MAI	RYLAND DATMAR 2 4 '6	Orthur S.	Tisalla

VS A15 (4) 15M 9/58

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022	CERTIFICATE	OF	DEATH

Reg. Dist. No.

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		-		1,

1	4046										Reg. L	1181. 140.		
		ACE OF DEATH COUNTY			MARY	LAND	o. STATE				v .			sion)
ŀ	b. CITY OR TOWN (If outside corporate limits, write		write	c. LENGTH OF STAY	IN 1b		N		ote limits, write				n)	
-	٠.	RURAL and give nea	resi town)				11		- L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	KONNE ONO	give inte		,
-									ourg					
	d.	OR INSTITUTION					d. SIREEI AI	DDKE22					ON A	SIDENCE A FARM?
ŧ	3 N/	AME OF		HOSP			lost		4 DATE	M	n th	D-		Yeor
	DE	Print (	GEORGE			S			OF DEATH	3		5	5	1960
	5. SE	х	6. COLOR OR RACE	- MARRI	EDE NEVER MARRIE	0	B. DATE OF BIRTH	1		P. AGE (In year				7
		Male	MILLIA		- 4	-				68 yr			Hours	Min.
	10a. l	USUAL OCCUPATION during most of working	MARYLAND  OR TOWN III outside corporate limits, write and give need on dive need from one of give need from the spirity.  OR TOWN III outside corporate limits, write and give need of give need of give need	ITIZEN OI	F WHAT	COUNTR								
		Ret. Engi	neer	U.	S. Gov.		New	Jers	ev			II.S	Δ	
	13. F/	ATHER'S NAME												
1		Fred Sic	kles				KunKh	emi a	Hond	owaon				
I	15. W	VAS DECEASED EVER	IN U. S. ARMED FORCE	57 16. 5	OCIAL SECURITY NO	. 17. 1		CIIII.a	nenu		dress			
	(Yes, r	no. or unknown) [III	none in	14:	3-10-3614	Mrs	. Helen	Sickl	es- Sa	me				
1	1	8. CAUSE OF DEAT	H [Enter only one cous	e per line	o for (o), (b), and (c).	1	. 1 .	1				INTE	RVALBI	ETWEEN
		PART I. DEAT	H WAS CAUSED BY:	M.	41 6011	alla	il hi	au	reco	n		17	Lile	DEATH
	manufacture choice for the first the									7				
1		Conditions if an	u subjeb )				-						-	
1			mediate											
1			under-											
1	_			TIONIC CO	ONITRIBUITING TO DE	ATU DUT	NOT BELATED TO	THE TERM	NAL DICEASE	COMPITIONIC	IVEN LINE DA	PT 1/-> 16	0 W/AC	ALITOPEV
	CERTIFICATION	PART II. OIN	K SIGNIFICANT CONDI	TIONS <u>Ct</u>	ONTRIBUTING TO DE	AIR BUT	NOT RELATED TO	INETERMI	NAL DISEASE	CONDITION G	IVEN IN PA	KI I(0) IS	PERFC	DRMED?
	CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER, NOTIFY A	UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY O	CCURRE	). (Enter noture of	injury in f	ort I or Port	II of item 1B.)				
	₹ 2		Month, Doy, Year	20d. IN	JURY OCCURRED	20e. PL/	CE OF INJURY I	dome, form	20f. (City	or town)		(County)		(Stote)
	MEDICAL		19			foc	fory, street, office	bidg., etc.	)					
1	2	21 I cortifu the	I attended the c	lacacra	d from	cus	To Se	to -	215	10/0	Othat I	last sa	w the	deceas
1		21	T direction the c		0	A		, 10	11 5					
1	1	alive an		7	, and mar	aeain	occurred at.					the dat		ed abay
		ACTUAL S	11/11/1/1/1/	oni	Allen		0.14				i, siolej	2		- / -
	\$	ACTUAL SIGNATURE	new Ja	uc	arcay.	-	M.D. 5a11	sour	, Mar	riand		2-	1-T	960
		PHYSICIAN'S			-									
-				rdsl				Lisbi	iry, Ma	ryland				***
	220.	BURIAL, CREMATION REMOVAL (Specify)			The second second second second								(Sto	te)
		Burial	3-9-1960		Fairview	Ceme	etery		Hado	labtown	, New	Jers	ey	
	23. FL	UNERAL DIRECTOR'S	SIGNATURE		ADDRESS	900		24a. REC'	NY REGISTE	AR 6024b. REC	SISTRAR'S S	IGNATUR	FARMA	
	H	1171 & John	nson Co. Sa	lisb	urv. Marvl	and		DATE	mitter o		2000	1 262, /		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, ar remaval, and in any event within 72 hours after death. 24 haurs after death; Page 4 SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi VS A15 (4) 15M 9/55

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Oder E			1.00
		Charles Can Share	
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41123	CERTITION	AIL OI DEAIII	Reg. Dist. I	No.
PLACE OF DEATH		2. USUAL RESIDENCE (Where decease		efare admission)
a. COUNTY Wicomico	MARYLAND	Maryland	b. COUNTY Wicon	nico
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16		orate limits, write RURAL and give	
RURAL and give nearest tawn)	5 yrs.	/2 Salisbury,		
d. NAME OF HOSPITAL (If nat in haspital, give street a OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Private home		208 Sheffie	Ld Avenue	YES NO
NAME OF First DECEASED	Middle	Last 4. DATE OF	Manth	Day Year
	Lawrence	Smith DEAT	Mai CII -	L7 1960
	ED A NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YE last bythday) Manths Day	EAR IF UNDER 24 HRS.
Male White WIDOWE		Feb. 16, 1880	80 yrs.	
<ul> <li>USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)</li> </ul>				OF WHAT COUNTRY?
t'd Chief Navy Office:	r U.S.N.	Maryland	U.S.	Α.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
William H. Smith		Julia Murph		
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		INFORMANT	Address	. 1 0
YES 1899-1430		Mr. Walter L. In	nith Jry Jal	1s bury,
1B. CAUSE OF DEATH [Enter anly ane cause per line	e far (a), (b), and (c).]	4		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	opener a des	11. Hoost Die	0008,	DISET AND DEATH
4777 DIE TO	J. Carre			
Canditians, if any, which )				
gave rise to immediate				
cause (a), stating the under-				
lying cause last. (c)	CAUTAINITAIC TO DEATH BUT	E NOT BELATED TO THE TERMINAL DISEA	CE COMPLETION CIVEN IN BART IV	10 WAS AUTORSY
PART II. OTHER SIGNIFICANT CONDITIONS CO.  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DULKIBOTING TO DEATH BUT	I NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(0	PERFORMED?
20- ACCIDENT WAS LINDSBLVING TO 20h DESC	DIRE HOW INTINIBY OCCURRE	D /Ester pature of injury in Part I or P.	art II of item 18 )	YES NO
20g. ACCIDENT WAS UNDERLYING   20b. DESC   OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	KIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Pa	arr II or Item Ib.)	
	JURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (Ci	ty ar town) (Caur	nty) (State)
Haur a. m. While	Nat while fa	ctary, street, affice bldg., etc.)		.,,
21. I certify that I attended the decease	d from 2 - 1	5 , 1960, to 3 -	17, 19 60 hat I last s	saw the deceased
alive on 3 - 17 , 19 (	all, and that death	accurred at 5A_M, from	the causes and an the de	ate stated above
	1 1		Street, city or tawn, state)	DATE SIGNE
SIGNATURE 113.00 CM	40012. X	un Salon lu	us. Md.	3-17-6
SIGNATURE CONTRACTOR	-		3-7-7-7-90	
PHYSICIAN'S NAME (Type) Wilher B. Elli	s Jr. M.D.	. Medical Cente	r Salishury	Maryland
a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF COMETERY C		ATION (City, tawn, ar caunty)	4
REMOVAL (Specify) May 10-19/2	12 TO METERY C	THE CREMATORS	of election of country	(State)
SUNERAL DIRECTOR'S SIGNATURE	1 Some	ove cemy 12	course of	TUDE
EUNERAL DIRECTOR'S SIGNATURE	Compress	ALE MAR 2	100	
yours 19.0 cy		DATE MAR 2	60 Coulling &	Thates

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar prior ta burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/5B

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

10 H

4 haurs after death. Page 4

Type . Selingury. 10 209 Charlitela Avoida B. . . Teo D. 10 over lett. Wittenie at let Miletade date for it and developed and brokenski gradelika strong en bir. T. T. 22 pt I'm i godilit ware 

DEPARTMENT OF	HEALTH-BALTIMORE.	11
	DEPARTMENT OF	DEPARTMENT OF HEALTH—BALTIMORE,

	4	043	CERTIFICA	ATE OF DE	ATH		Reg. Dist. No	0397
O. COUNTY	omico		MARYLAND	2. USUAL RESIDEN	CE (Where deceased	b. COUNTY	mico	are admission)
	(If outside carporale lim	its, write c.	36 705	c. CITY OR TOW	N (If autside carpo			arest town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, o	give street add	iress)	d. STREET ADDR	# 2			o. IS RESIDENCE ON A FARM? YES NO [
NAME OF DECEASED (Type or print)	William	rsf	Middle Louis	Smit	4. DATE OF DEATH	Mont 3		O 19 b
MALE	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED   DIVORCED	8. DATE OF BIRTH Sept 21, 18	83	9. AGE (In years tast birthday) yrs.	Months Doys	Hours Min
during most of with TARM	orking life, even if retired	A I	NO OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign or	ountry)	U, S	OF WHAT COUN
Thomas	Smith			14. MOTHER'S MA	0 1	da to	Nes	
	VER IN U. S. ARMED FOI		34 1121 5	VRS, WM	Smith.	SAME.	•15	
		Con	on ary a civil de ci.	itemos	elercie	on Des	(Au	ERVAL BETWEEN SET AND DEATH
lying cause los	t. DUE TO	, wy	H CONT	T NOT RELATED TO THI	TERMINAL DISEAS	E COMDITION GIV	EN IN PART I(o)	19. WAS AUTOP
200 ACCIDENT	MAS UNDERLYING   NO CAUSE OF DEATH FY MEDICAL EXAMINER)	Stri	BE HOW INJURY OCCURRE	ausi	linas-	Especia	1	PERFORMED?
20c. TIME OF INJ	URY Month, Day, Ye	While of work	_ Not white fo	ACE OF INJURY (Homocrary, street, office blo	e, farm, 20f. (City	or town)	(County	) (Sto
	that I attended the  Historia  Long  Thoma	deceased , 1960		accurred at 3 M.D. SALIS PINEB	2B.M. from	10., 1960 In the causes a Preet, city or town, DARY/AN PD, SALLS	nd an the de	
BURIAL, CREMAT	13-13-19	10	SI OAM CEMETERY O	etery.	Silor	TION (City, town, o	2)/AND	(Stote)
HILL TO		o, SA	IS buny, Mai	/ / /	TEMAR 1 4 16		TRAR'S SIGNATI	

VS A15 (4) 15M 9/55

TE OF DEATH	CERTIFICA	
	Daniel Children	
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		AND THE RESERVE OF THE PROPERTY OF THE PROPERT

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4024 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

03973

<del></del>											
1. PLACE OF DEATH o. COUNTY	Wicomico		MAR	YLAND		Maryl		d lived. If institu b. COUNT	Wicom:		dmission)
b. CITY OR TOWN (III  and give negres) town	outside corporate limits, writ	RURAL	LENGTH OF STAY	IN 16	X	town (If		Rural)			town)
d. NAME OF HOSPIT	Pen Gen I	If not in hospite		195)	d. STREET	ADDRESS R.D.#	2			0	RESIDENCE
3. NAME OF DECEASED (Type or print)	BESS:	IE .	E. Middle	~-	ELLIN	3	4. DATE OF DEATH	MARCH	19	Doy th	Year 19 60
s. sex Female	6. COLOR OR RACE White	7. MARRIED   WIDOWED			ot.15			last birthday) 57 yrs.	Menths 49		Min.
10a. USUAL OCCUPATION during most of workin Operator— 13. FATHER'S NAME William J 15. WAS DECEASED EV (Yes., no. or unknown) No	Manhatter Stevenson	n Shir	t CO. (E)	mple	yee) ] 14. MOTHER'S Mary	Princ MAIDEN N y Ann s R.S	ess A	nne, Md earn ng ( Ads	U	SA	4 2
PART I. DEAT  4-20  Conditions, if o gove rise to immed (0), stoting the couse lost.	diote cause	Co	nelise	- (C	Ques celus	THE TERMIN	NALDISEASE	CONDITION GIV	/EN IN PART 1	INTERVAL BEI	S AUTOPSY
PART II. OTH	JSE WAS NTRIBUTING   20	b. DESCRIBE H	OM INTUR OCCU	Ch IRRED. (Er	iter nature of in	njury in Port	I or Port II o	fiten( 8:)		YES D	FORMED?
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yeo	While	URY OCCURRED 2		E OF INJURY (			or town)	(Count	у)	(State)
death resulted	fram: Natural	_			ide [], H	Autapsy lamicide	, Und	pectian X determined o			d find that
EXAMINER'S NAME (Type)	r.Earl L	Roye	r		ASSISTA	NT MEDICA	L EXAMINER	_	Marc	h 22	1196
220. BURIAL CREMATIO REMOVAL (Specify	Mar. 22	4	Wicomic					ON (City, town, clisbur			ole)
23. FUNERAL DIRECTOR' HOLLOWAY		Y SAL	ADDRESS ISBURY	MARY	LAND		BY REGISTR	P	STRAR'S SIGN.		

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03974

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hours after death.

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VR A1S (4) 15M 9/59

	4025		CERTIFICA	ATE	OF DEATH	MORE 1,	MAKIBAND			00	J • 7
1. PLACE OF DEATH o. COUNTY	Vicomico		MARYLAND	2.	usual residence (Who a. STATE Maryla		d lived. If institution b. COUNTY	on: Reside		re admiss	sion)
b. CITY OR TOWN RURAL and give r Salisbut		write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If a		orate limits, write R	URAL ond	give ned	37,	2
d. NAME OF HOSPI OR INSTITUTION DEET	TAL (If not in hospital, gives Head State				d. STREET ADDRESS 106 Church	Stre	et				FARM2
3. NAME OF DECEASED (Type or print)	First Lill:	ian	Middle Viola		Spencer	4. DATE OF DEATH	Marc Marc		Da 2	7	Year 19 60
s. sex Female	6. COLOR OR RACE 7		ED NEVER MARRIED DIVORCED DIVORCED	8. D	/22/09		9. AGE (In years lost birthday) 51 yrs.	Months	R 1 YEAR Doys	Hours	Min.
10a. USUAL OCCUPATI during most of war Housewa	king life, even if retired)	ne 10b. I	ousework	USTRY	11. BIRTHPLACE (State Maryland		ountry)		USA	F WHAT C	OUNTRY?
	nce Dorsey				4. MOTHER'S MAIDEN N	ks					
1S. WAS DECEASED EV	ER IN U. S. ARMED FORCE  If yes, give war or dates of serv	ice)	8-20-7817	INFO	MANT Deer's	Head .	Hospita P	r <del>ff</del> eco.			
	ATH [Enter only one cous ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_		e for (a), (b), ond (c).] pertensive car	rdic	ovascular di	isease				Yea	DEATH
Conditions, if		Art	ceriolar nephr	cos	clerosis		ZINSE.			?	
gave rise to couse (o), stoting lying couse lost	the under- DUE TO	Art	eriosclerosis	3 , 8	general					?	
Ny My	xedema	TIONS <u>C</u>	ONTRIBUTING TO DEATH BU	ON TL	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERFC	AUTOPSY ORMED?
G (IF EITHER, NOTIF)	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESC	RIBE HOW INJURY OCCUR	RED. (E	inter noture of injury in I	Port I or Por	t II of item 18.)				
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year 19	While	Not while at work	PLACE foctory	OF INJURY (Hame, farm, street, office bldg., etc	, 20f. (City	y or town)		(County)		(Stote)
21. I certify th	at (I) (this haspital) used alive an <u>Mar</u>	attend ch 2	ed the deceased from		h occurred of		March 22 the couses or				we) lost l above.
220. SIGNATURE	V. Jueru	ia		M.D	ATTENDING MI	A • M •  ED.  RECTOR	STAFF PHYS.			3/22	SIGNED
22c. PHYSICIAN'S NAME (Type)	V. Juerman	, M.	D.		Deer's He	ad Ho	spital; S	Salis	bury	, Md	•
Burial Specify	1		23c. NAME OF CEMETERY Coleman's	_	n. RFI	Wo	rton, M	d. (	Col		n's)
24. FUNERAL DIRECTOR	s signature	K	Chesterto	wn .	Md. DATE	HAR Zes	2Sb. RES	STRAR'S S	PNATU	REA	

VS A15 (4) 15M 9/58

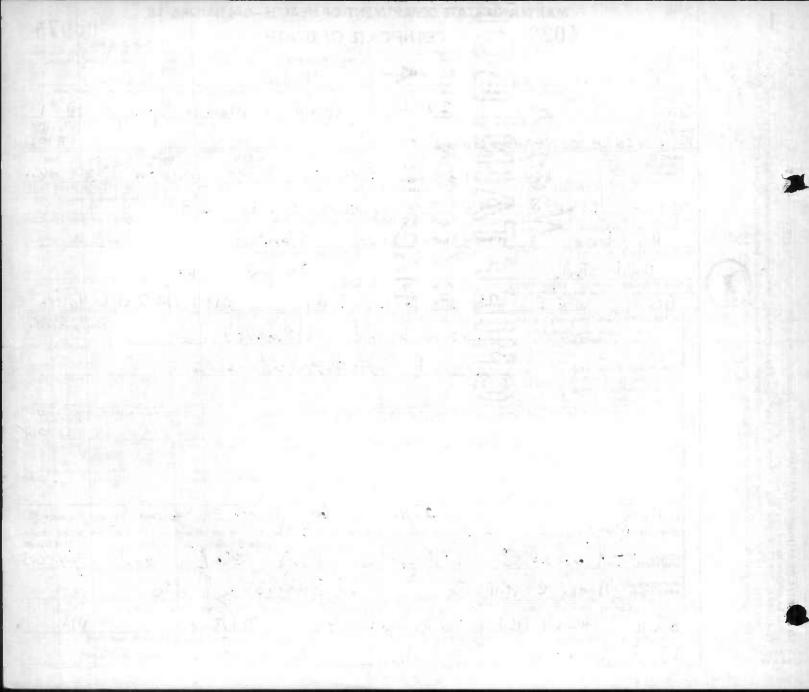
23. FUNERAL DIRECTOR'S SIGNATURE
J.J. Framptom & Son

	4026	CERTIFICA	ATE OF DEATH	i—baliimoi I		()3975 Dist. No.
	LACE OF DEATH  COUNTY  (1) 1 COM 1 CO	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARULAN	( b. C	institution: Resid	
5	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ALIS BUBY  NAME OF HOSPITAL (If hat in hospital, give street of the control of the contro	1 - 2 - 11	c. CITY OR TOWN (IF of X RURAL d. STREET ADDRESS		SPRIM	e. IS RESIDENCE ON A FARM?
3. 1	NINSULA GENERAL  JAME OF PIECEASED  Type or print)  LEVI	HOSPITAL- Middle	Last STANLEY	4. DATE OF DEATH	Month ARCH	7ES NO Day Year 3 19 60
_	NALE COLORED WIDOWE USUAL OCCUPATION (Give kind of work done 10b. I during most of working life even if retired).	DIVORCED DIVORCED KIND OF BUSINESS OR INDU	B. DATE OF BIRTH  DECEMBER 3 1  STRY 11. BIRTHPLACE (State	010	Month:	CITIZEN OF WHAT COUNTRY
13.	DAY LABORER MA FATHER'S NAME DANIEL STANLEY	Ruil Package Compa	THE MATHER'S MAIDEN I	4 1	Æ	U.S.A.
15. (Yes	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. S. no, or unknown) (If yes, give war of dates of service)  18. CAUSE OF DEATH [Enter anly one cause per line.]	10-07-0987 Ale	NFORMANT	613 S.	Address	Phila: 46, PA.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediate couse (o), stoting the under: lying cause lost.  DUE TO  (b)  DUE TO  (c)	robral	Arterioso	lerosis.	<u>E</u>	ONSET AND DEATH
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS C			The T	134	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 12
MEDICAL CERTIF	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Nat while for at wark	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or town)	10.]	(County) (State
	21. I certify that I ottended the deceose alive on March Z, 196  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  Thomas C.				ses ond on t	lost saw the deceds he date stated obove DATE SIGNED
	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL  UNREAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY O SAN DOMINGO ADDRESS	CEMETERY	22d. LOCATION (City, Share) OWN D BY REGISTRAR 24	, town, or county	ms.

FEDERALDURG

DATE MAR 1 0 '60

arthur . L. Hrank



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IS RESIDENCE

YES NO Z

Year

1960

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL RETWEEN ONSET AND DEATH

any

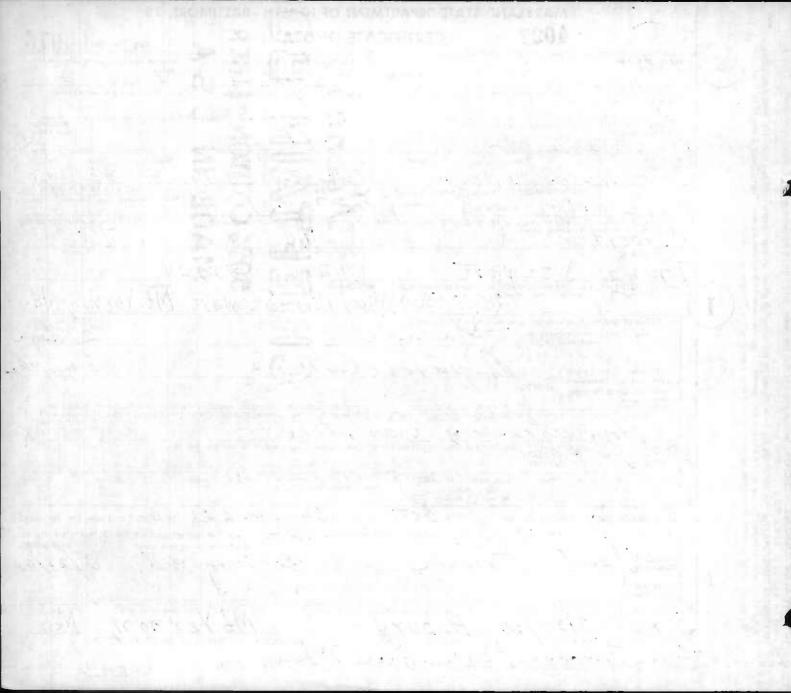
PERFORMED? YES INO DE

(Stote)

DAJE SIGNED

(State)

(County)



## 4028

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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- 1	1	3	43	3	4
1	ş		U		0

Reg. Dist. No.

1.	PLACE OF DEATH	**		MAI	RYLAND	2. USUAL RESIDENCE (W	here decease	b. COUNTY			c om	
-	b. CITY OR TOWN III	Vicomico putside corporate limits, write	RURAL	c. LENGTH OF STA		c. CITY OR TOWN (IF			RURAL ond			
	and give nearest town)	2				12 9071	sbury					
$\vdash$	d. NAME OF HOSPITA		f not in ho	spital, give street addr	ress)	d. STREET ADDRESS	sbury					ESIDENCE
	504 S.	Pinehurs					. Pir	nehurst	St.			A FARM?
3.	NAME OF DECEASED	Fin	st	Middle	1-1-11	Last	4. DATE	Month		Day	Y	ear
	(Type or print)	Albe	ert	Lee	Trui	.tt	DEATH	3-31	L-60		1	9
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARR	ED   8.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER		_	
1	M	W	WIDOWE	D DIVORCE		7-28-99		80 60	Months [	Days	Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (Stote	ar foreign co	ountry)	12. CIT12	EN OF	WHAT	COUNTRY?
	Bus Line	Sales Re	I de	ransport	atic	n Marvlan	b		U	SA	1	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN N					111	1 - 1 -
	Jose	ph C. Tri	uitt			Mar	rgare	t Callo	Wav			
	. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	O. 17. IA	IFORMANT		Address				
{Y•	No. or unknown)	(If yes, give wor or dates of	service)		Mı	rs. Irene (	rave	nor Tru	itt,			bury,
Г		H [Enter only one cau	se per line	for (o), (b), ond (c).]							AND DE	
		H WAS CAUSED BY:		Coro	nary	occlusion occlusion	1			SI	udd	en
	420	/ DUE TO	-				43.47		200	1		
	Conditions, if an	y, which) (b)										
	gove rise to immed (a), stating the u								0.550			6 19
	couse lost.	(c)										
Z O	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19		AUTOPSY RMED?
3	La chiante									Y	ES 🔲	NO 🔼
CERTIFICATION	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING [] 20	b. DESCRIB	E HOW INJURY OCC	URRED. (E	nter nature af injury in Part	l ar Part II e	of item 18.)				
S	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d.	INJURY OCCURRED		E OF INJURY (Home, farm		or town)	(Cou	nty)		(Stote)
MEDICAL	Hour a.m.	19	Whil	e Not white	facto	ry, street, office bldg., etc.	)					
2					ed abou	ve, held an Autopsy	/	spection $\square$ .	Inquir		and	find that
		fram Natural			_			determined c		, C	anu	iina inai
	death resulted	Trains Material	runses [	, Accident [	], 3010	ide [], Homicide	, Un	iderermined c	ause []			
	ACTUAL /	2 0	1			CHIEF HERICH EV	*********				DATE S	GIGNED
	SIGNATURE	~	127	1		_M.D. CHIEF MEDICAL EX						
1	EXAMINER'S	onl T D	arrand	O M D		ASSISTANT MEDICA		_ ,	-2-60	)		
	1777	arl L. R				DEPUTY MEDICAL E	-			,		
22	<ul> <li>BURIAL, CREMATION</li> <li>REMOVAL (Specify)</li> </ul>	N, 276. DATE THEREC	95	22c. NAME OF CEMI	ETERY OR	CREMATORY	22d. LOCAT	ION (City, tawn, o	or county)		(Stot	e)
00	Burial	1 3	-60	ADDRECC		emetery	TOURS VA	Sharpton		id.	-	
23.	. FUNERAL DIRECTOR'S	Smith Fr	mera	al Home	hom	ot own . NEATE &P	BY REGISTI		Thun &			
	- 20	-		Trouis S	TIRI,	JUOWN . THATE &P	8 5 0	Cla	could be	/ WALL	/	

VS. A15ME(5) 5M 9/55

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	and Manager All Mr.		
			of a Carl Property
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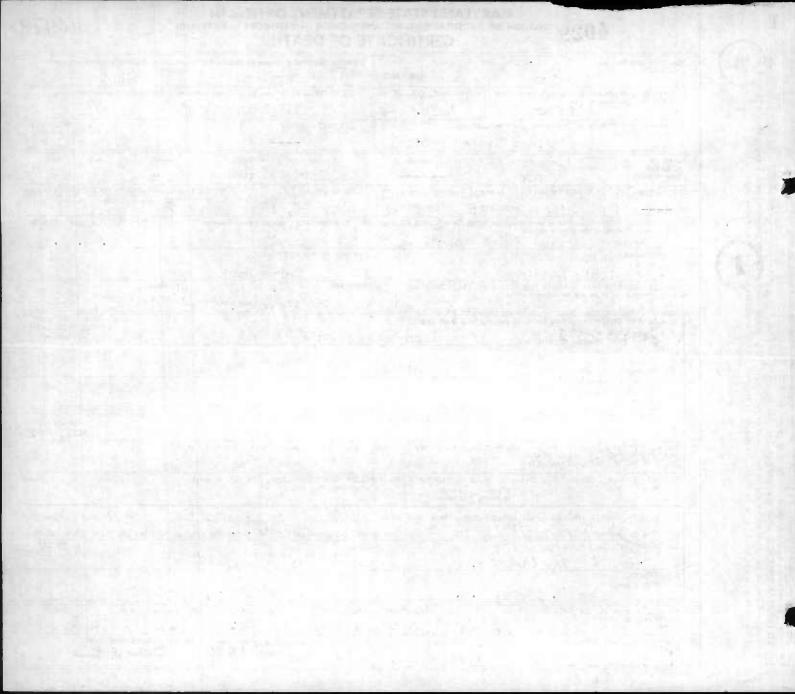
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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			CERTII	CAIL	OI DEAT	11				
1. PLACE OF DEATH o. COUNTY	Ti comi co		MARY	- 11	USUAL RESIDENCE a. STATE Ma	(Where deceas	ed lived. If institution b. COUNTY	on: Residence		ssian) 🗸
b. CITY OR TOWN (I RURAL and give no	f autside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b			porate limits, write R	URAL and gi	ve nearest tav	vn)
KOKAE ONG GIVE NE	Salisbury		4 Yr.		Ti	lghman	Island	2	OX-	2
d. NAME OF HOSPIT	AL (If not in hospital, g	200			d. STREET ADDRES	S			e. 15 RE	SIDENCE A FARM?
	Deer's He	ad St	ate Hospit	al				y-1		ON [
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mon	th	Day	Year
(Type ar print)	Ros	9		-	Tyler	DEAT	H Marc	h	13	19 60
s. sex Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	ED   B. [	ATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UNI	1
Hale	White	WIDOW	DIVORCE		June 15,	1860	99 yrs.	- Maillis E	Joys Haurs	Min.
Joa. USUAL OCCUPATION during most of work	ON (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (S	tote ar foreign	country)	12. CITIZ	EN OF WHAT	COUNTRY?
Mone			None			yland		1	J. S. 1	A .
13. FATHER'S NAME				1	4. MOTHER'S MAIDE	EN NAME				
I	ouis Cummi	ngs				rah Dav				
IS. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO	. 17, INFO	RMANT		Add	ress		
					Hospit	al Reco	ords Sa	lisbu	ry, Ma:	rland
	mmediate (	)	Bron Seni	cho Pr	neumonia				ONSET AN	D DEATH
lying cause lost.	HER SIGNIFICANT CON	DITIONS					43.35	/EN IN PART	PERF	AUTOPSY ORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY O	CCURRED. (	Enter nature of injury	in Part I ar P	art II of item 1B.)			
20c. TIME OF INJUR Haur a. m. p. m.	RY Month, Day, Ye	ar 20d. II While at war			OF INJURY (Hame, , street, affice bldg.,		ity or tawn)	(Co	ounty)	(Stote)
saw the decease 220. SIGNATURE	M.D. ATTENDING MED. STAFF PHYS.   22c. PETSICIAN'S  ATTENDING MED. STAFF PHYS.   22d. ADDRESS									
23a. BURIAL CREMATIC REMOVAL (Specify)	N, 23b. DATE THEREC	Wry,	23c. NAME OF CEM	ETERY OR C	REMATORY	Salisbu 23d. LOC	ary, Mary.		(St	ate)
ncaiovite importing)	Mich. 16.	1960	XX Juta	124 6.	meting	710	197:000	- 1.26	67X/2.	1
24. FUNERAL DIRECTOR	'S SIGNATURE	1	ADDRESS	- 1 20%	25a. I			STRAR'S SIGN		

VR A15 (4) 1SM 9/59



VS A15 (4) 1SM 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

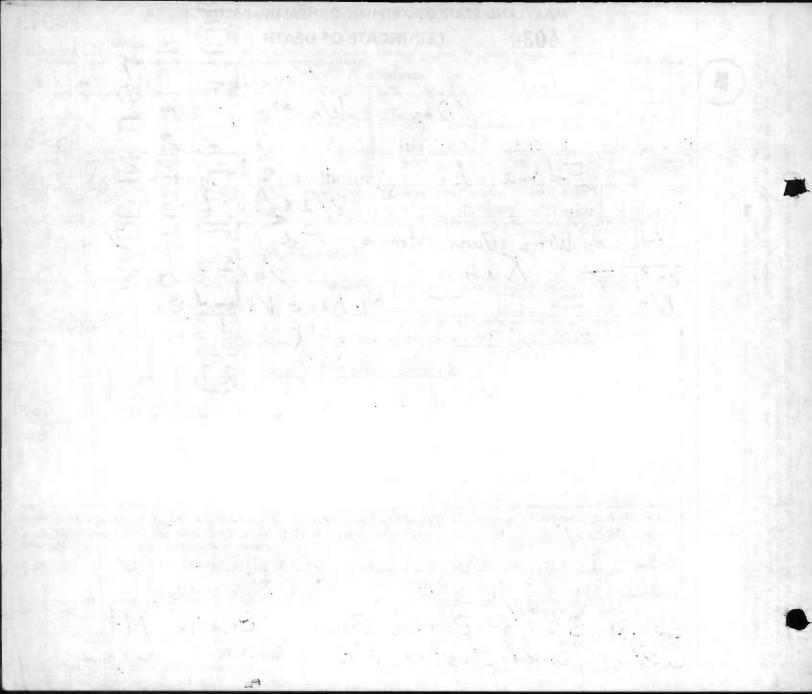
4030

#### **CERTIFICATE OF DEATH**

Rea. Dist. No.

03979

			Reg. Di	st. No.			
	2. USUAL RESIDENCE (Who o. STATE			nce befare admission)			
MARYLAND	17/210	1/3md	11/1	COm160			
write c. LENGTH OF STAY IN 16	c. CITY OR TOWN, (160	utside corporate jim	its, write RURAL and	give nearest tawn)			
1/22/5	XWhITE	3 /72	sven				
street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO			
TOSTITAL	<u> </u>	T-		IE3 LIVIO L			
Middle 1	JALENT NE	4. DATE OF DEATH	Month ARCH	2 5 19 60			
MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE		TYEAR IF UNDER 24 HRS.			
IDOWED DIVORCED	8/26/	90 6	g yrs. Months	Days Haurs Min.			
0 1.1	127	or foreign country)	12.CI	TEN OF WHAT COUNTRY			
IVWH I VOITE		IAME .					
khn	1 2	nkno	wn	40.00			
6? 16. SOCIAL SECURITY NO.	PICHZY + 1	/alem+	Address				
per line for (o), (b), and (c).]	11313		.,,-	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: Confestine Heart Failure ce It							
1/2.7	E in land	une (e	700				
Oante Care	Addition						
- diameno	1 - James	7					
Arler 300				16-16 TABLE			
IONE CONTRIBUTING TO DEATH BE	IT NICT PELATED TO THE TERMI	NIAL DISEASE CONF	DITION CIVEN IN BAR	T 1/01 10 WAS ALITOPSY			
IONS CONTRIBUTING TO DEATH BO	IT NOT KECATED TO THE TERMIN	NAL DISEASE CONL	DITION GIVEN IN PAR	PERFORMED?			
DECEMBE HOW INTURY OCCUPA	FD (F	D . 1 D 11 6 'A	10 \	YES NO			
D. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in F	rarr I or ron II or II	em to.j				
			n) (	County) (Stote)			
While Not while of work of wark	ociory, sireer, office biog., etc.						
eceased from Mar Ch	17 1960 to X	Mar al 25	19 ( that I le	ost saw the deceased			
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rz, ond mor deor				DATE SIGNE			
eary	M.D. 226	N: Dine	sim n	/			
HEARN.	Salis	lury	mel.				
22c NAME OF CEMETERY	OR CREMATORY	22d LOCATION (C	ity, town, or county)	(Stote)			
60 BIValve	Ccm.	BIVE	Ve, M.	4,			
ADDRESS	14 1 24a. REC'I	D BY REGISTRAR	24b. REGISTRAR'S SI	GNATURE			
DIVELUE,	MA DATE MA	R 31'60	arthur S.	Kraus			
	Street address)    CSPITAL     Middle     MARRIED   NEVER MARRIED     IDOWED   DIVORCED     10b. KIND OF BUSINESS, OR INDIVIDUAL     16. SOCIAL SECURITY NO.     Per line for (o), (b), and (c).     CVITALLE     VITULE   LILL     VITULE   LILL     ONS CONTRIBUTING TO DEATH BUSINESS     ONS CONTRIBUTING TO DEATH BUSINESS     ONS CONTRIBUTING TO DEATH BUSINESS     ON SCONTRIBUTING TO DEATH BUSINESS     ON SCO	MARYLAND  O. STATE  Write  C. LENGTH OF STAY IN 1b  STREET ADDRESS  A. STREET ADDRESS  A. STREET ADDRESS  A. STREET ADDRESS  A. STREET ADDRESS  Middle  Last  ALENTIN &  MARRIED  NEVER MARRIED  B. DATE OF BIRTH  DOWED  14. MOTHER'S MAIDEN N  16. SOCIAL SECURITY NO.  NFORMANT  Per line for (o), (b), and (c).  CITYLELIAL  DONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI  CO. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in 1)  20d. INJURY OCCURRED  While  Not while of work  OT WORK  17. 1924, to  19, and that death occurred at 10 Pr.  ADDRESS  124G. REC'  124G. REC'	MARYLAND  O. STATE  A DATE  A DATE  OF THAL  Middle  MARRIED  NEVER MARRIED  DIVORCED  DIVORCED  DIVORCED  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. SOCIAL SECURITY NO.  DIVORCED  Per line for (a), (b), and (c).  ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO Work  DIVORCED  DESCRIBE HOW INJURY OCCURRED  While  Not while  ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING TO Work  The per line for (b), (c) to work  DESCRIBE HOW INJURY OCCURRED  While  Not while  The per line for (b), (c) to work  DIVORCED  ADDRESS (Street, ci  M.D.  The per line for (c), (c) to March 25  ADDRESS (Street, ci  M.D.  The per line bidg., etc.)  ADDRESS (Street, ci  M.D.  The per line bidg., etc.)  ADDRESS (Street, ci  M.D.  The per line bidg., etc.)  ADDRESS (Street, ci  M.D.  The per line bidg., etc.)  ADDRESS (Street, ci  M.D.  The per line bidg., etc.)  ADDRESS (Street, ci  M.D.  The per line bidg., etc.)  ADDRESS (Street, ci  M.D.  The per line bidg., etc.)  ADDRESS (Street, ci  M.D.  The per line bidg., etc.)  ADDRESS (Street, ci  M.D.  The per line bidg., etc.)  ADDRESS (Street, ci  M.D.  The per line bidg., etc.)  ADDRESS (Street, ci  M.D.  The per line bidg., etc.)  ADDRESS (Street, ci  M.D.  The per line bidg., etc.)  ADDRESS (Street, ci  M.D.  The per line bidg., etc.)  ADDRESS (Street, ci  M.D.  The per line bidg., etc.)  ADDRESS (Street, ci  M.D.  The per line bidg., etc.)  The per line bidg.  The per line bidg., etc.)  The per line bidg.  The per line bidg., etc.)  The per line bidg., etc.)  The per line bidg.  The per line bidg	MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Pesider o. STATE  D. COUNTY  ACCOUNTY  ACCOUNTY			



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	404	2	CERTII	FICA	IE OF	DEATH			Reg.	Dist. No.		0 - (
1. PLACE OF DEATH o. COUNTY	Wicomi	co	MARY		o. STATE		land	d lived. If institu		icom		ion)
b. CITY OR TOWN (IF	outside corporote limits, rest fowSalisb	write c. LE	ENGTH OF STAY I	N 1b	c. CITY OR			y (Rura		d give nec	prest town	1)
	R.D.#	e street oddre			d. STREET		# 3	(Delma	r Rd	)	e. IS RES	PARM?
NAME OF DECEASED (Type or print)	First HIRA		Middle G		ATSON	st	4. DATE OF DEATH		onth CH	7th	,	Year 19 60
Male	Title 4 Ave.	MARRIED VIDOWED	NEVER MARRIE DIVORCED	-	lay 7,	188	0	9. AGE (In year lost birthdoy	Month	er 1 YEAR	Hours	R 24 HRS. Min.
netired i	ig life, even if retired)		of Business of Chicke		1	yland		country)		U S		COUNTRY
	rton Watso					zabet		tts				
S. WAS DECEASED EVER Yes, no, or unknown) Unk	IN U. S. ARMED FORCE yes, give wor or dates of serv		AL SECURITY NO.	Mrs	Anni Rd.	Salis	atso	n(Wife Maryl	R D	.# 3	De:	lmar
Conditions, if any gove rise to im couse (o), stoting the lying couse lost.	mediate (	TIONIS CONTE	with g	sou	erne de	first	ale of the same of	FESTIVE CONTRIBUTION OF	K o		7	Carl.
20a. ACCIDENT WAS	UNDERLYING 2		HOW INJURY OC							AKT 1(0)	PERFO YES [	RMED?
20c. TIME OF INJURY Hour o. m.	SEDICAL EXAMINER)		OCCURRED Not while	20e. PLAC focto	E OF INJURY ry, street, office	(Home, farm, e bldg., etc.)	20f. (Cit	y or town)		(County)		(Stole)
alive an ACTUAL SIGNATURE	i attended the course	1960	, and that		D	A	ODDRESS (S	m the causes	n, stole)		te state	
20. BURIAL, CREMATION	L.V.Soh		NAME OF CEME	TERY OR	Delma		ryla 22d. LOCA	nd TION (City, town	, or county	·)	(Stote	e)
REMOVAL (Specify) Burial  3. FUNERAL DIRECTOR'S	Mar.9,19		Parsons	Cen	etery		Sa	lisbur	y, Ma	ryla	nd	
	COMPANY		ADDRESS ISBURY	MARY	LAND	24a. REC'D			GISTRAR'S		(E	

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			e e		AND THE

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4031 CERTIFICATE OF DEATH

03981 Pag Diet No

/		keg. Disi. No.
	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
2	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION Pero INSULA	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) GROYGE First F. Middle	WeizeL 4. DATE Month Day Year OF DEATH March 16 1960
	s. sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF SIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Manths   Days   Hours   Min.   William   Min.   Mi
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
/	13. FATHER'S NAME WEIZE	14 MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IN (If yes, give war or dates of service)	cile Weisel White Haven M.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise ta immediate cause (a), stating the under-lying couse lost.  (c)	interval Between ONSET AND DEATH CONJUNCTION
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Port I or Part II of item 1B.)
		ACE OF INJURY (Home, form, later) 20f. (City or town) (County) (State) tory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from alive an 3-10, 1900, and that death ACTUAL SIGNATURE (E) LIQUES: GOLDEN, MAME (Type)	occurred at 3 AM, from the causes and an the date stated abave.  ADDRESS (Street, city ar tawn, state)  DATE SIGNED  W.D. 3-16-60
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d-LOCATION (Gity, town, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE BINGLESS BINGLESS M.	249 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE

